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	AL UNECTOR: After this certificate has been signed by the attending physician and completely filled in	Mental Hygiene prior to burial,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) GEORGE GOLLAHER	, Jr.	-			2. DATE OF DEATH DAY 1992 3. TIME OF DEATH 8:20 P							
	227 20 3200 11	M 2 □ F 69	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) II 3 I	923	BIRTHPLACE (State or Foreign Country) WASHINGTON					
STOR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH G. B. M. C. 6701 N. CHARLES ST. TOWSON BESIDENCE OF DECEDENT												
DIRECTOR		IMORE	2.0	TOWN OR LOCAT	E		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 8539 WILLOW OAK			2	1234		U.S						
À	1 Never Married 2X Married	MAS DECEDENT EVER IN U.S. ORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2色 NO Specify	IC ORIGIN? (Specify Y n, Puerto Rican, etc.) :		RACE — American Indian, Black, White, etc. Specify: hite					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compilementary/Secondary (0-12) 1.2	ege (1-4 or 5+)	(Give kind of wo life. Do NOT use	SUAL OCCUPATION And done during more durin	ist of working		S Decke						
BE COM	17. FATHER'S NAME (First, Middle, Last) George Gol	laher, Sr.			18. MOTHER'S NAI	ME (First, Middle, Maide		Miller					
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Mrs. Ann L. Gollaher same as #10a - 10f												
	20a. METHOD OF DISPOSITION 1 爱 Burlal 2 Cremetion 3 Hampy of 1 4 Donation 5 Other process	cemetery Bos I	ceand date of cremetory or othe ey U.M.	DISPOSITION (Na or place) Cemet	ery 12,	/19/92 Ba	ocation — city Lto. Co	or Town, State . Maryland					
L	Ernest L/Fel	uneral Home , Inc. ,Towson, Maryland 21204											
	22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, heart failure. List only one cause on each line. Approximate Interval Between Onset and Death												
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST CHRONIC RENAL FAILURE - END STAGE DUE TO (OR AS A CONSEDUENCE OF): POLYCYSTIC KIDNEY DISEASE DUE TO (DR AS A CONSEDUENCE OF): d.												
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. SEVERE CONCESTIVE CATCOTO MYOPATHY 1 YES 2 NO 1												
SICIAN:		SPITAL:		THER:	ACE OF DEATH (Che		-						
ВУ РНУ	27. MANNSR OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	M 1 1	PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED					
LETED	4 Homicide detarmined	28s. PLACE OF INJURY — At building, atc. (Specify)				281. LOCATION (Street City or Town, State	9)	Tural Route Number,					
O BE COMPL	(Check only one) 1 MEDICAL EXAMINER: On												
TO BE	296. SIGNATURE AND TITLE OF PERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (MD TEM 27) (Type, P	rint)	29c. LICENSE NUM D 1 7 9	59	D 12,	GNED (Month, Day, Year)					
1 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHINT) ROLAND C. EINHORN, MD 1818 POT SPRING RD., LUTHERVILLE MD 21093												
		DEC 1 8 199	E		- ואל	1) 1/16	KF/LCC	10 21015					

6+1

HUNERAL DRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DEC 1 8 1992

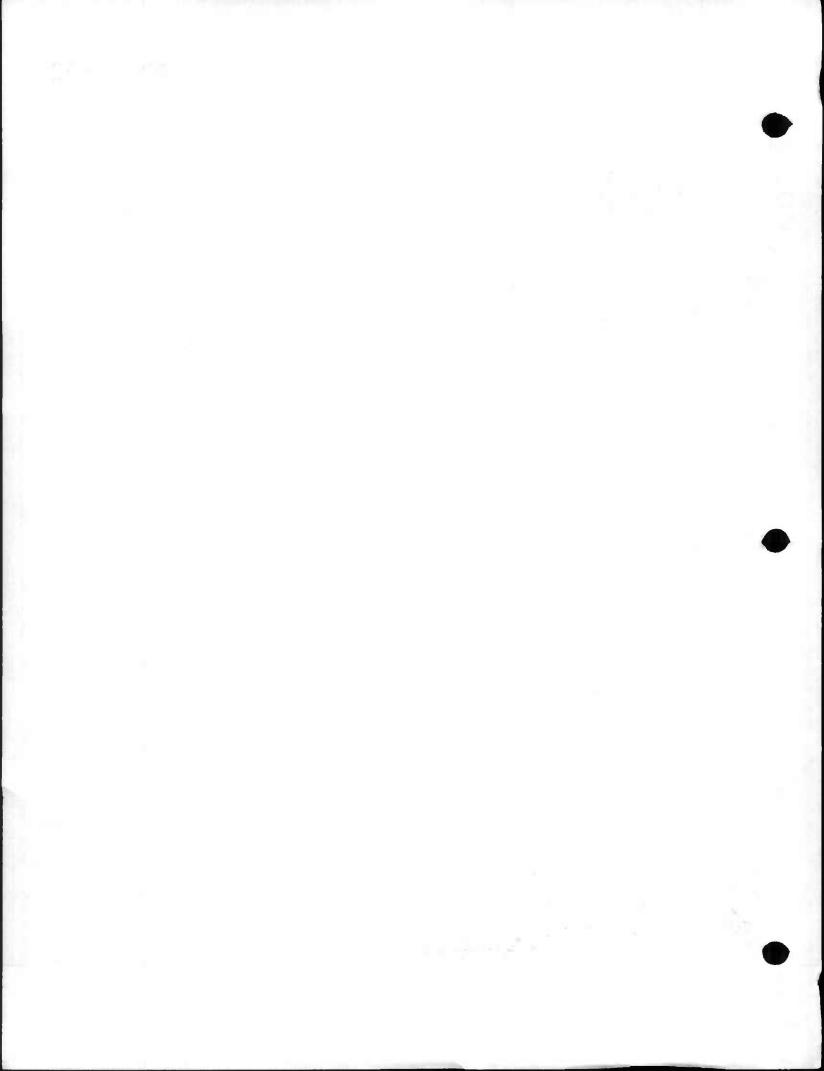
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND /			T OF H			MENTAL	HYGIEN REG. NO					
- 1	1. DECEDENT'S NAME (First, Middle, Last)	*.							2. DATE O	OF DEATH	AY	YEAR	3. TIME OF DEATH		
	JOSEPH	F			HIIT	SON			12		16—		07.26 AW		
	4. SOCIAL SECURITY NUMBER 218-01-3326	5. SEX	6. AGE (In yrs. les		MONTHS	H 1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE 6 (Month,	Day, Year)		8. BIFTS Count	HPLACE (Sand & Foldard		
ij	9a. FACILITY NAME (If not institution, give s	1 XM 2 F	75	YRS.						29-1	_		ryland		
Œ			, and the state of						EATH		9c. COL	INTY OF C	DEATH		
5	NORTH ARUNDEL I	IOSPTTAL.	ASSOCIA'	TION		CLEN	BUF	RNIE			A.A. COUN				
DIRECTOR	10a. STATE 10b. COUNT		- 1			OR LOCATI							10d. INSIDE CITY		
	MD. Ann	e Arunc	eı	F	asa	dena							1 TES 2 NO		
FUNERAL	7792 Fox Ct.						ZIP CODI 2112						WHAT COUNTRY?		
NE.	11, MARITAL STATUS		T EVER IN U.S. AF	MED	12				IIC OBIGINA	(Specify Yes		S.A			
	1 Never Married 2 Married	FORCES?	YES 2 1	NO	"	If yes, spe	ctfy Cube	n, Mexica	n, Puerto Ri	can, etc.)	or 140—	Blec	E — American Indian, k, White, etc.		
ВУ	3\(\sum{\subset}\sum{\subset}\subset \subset \	Na	vy W.W	·II			226 110	specify	,.			WHi			
Ħ	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL (occupation during mos	N t of workin	ng	16b.	KIND OF BU	SINESS/IN	DUSTRY			
PLE.	Elementary/Secondary (0-12) Unknown	College (1-4 or 5	•)	ectr					14.5	1 4					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Lin	ecti	101	an	18. MOTI	HER'S NA		lico		C.			
	Joseph HUtson								. Hy		Julianne				
) BE	19a. INFORMANT'S NAME (Type/Print)	-	19	b. MAILING	ADDRES	S (Street an				or, City or Tow	n, State, Zi	ip Code)			
5	JOseph L. Hut	son		7792	Fo	x Co	urt	, P	asad	ena,	Md.	21	122		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	oval from State	20b. PLACE	AND OATE	OF DISPO	SITION (Nar			OATE	_		City or To			
1	4 Donation 5 Other (Specify)		Moro	1200	B/I ~	T-0	ark	1.	2-19	-92	Bal	to.	,Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIE	Slass	illip me	STac SS	k \$ M 3	Oran 000	-AS	hto: Bal	n Fu: timo:	nera re Si	Ho	me,	INc. p.,Md.2122		
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t caused the de	eath. Do	not ente	r the mod	le of dyi	ing, suci	h as cardi	ac or reap	iratory ar	reat,	Approximate		
	IMMEDIATE CAUSE (Final		d data inte	2.	0	٥.	1	01	,				interval Between Onset and Death		
	disease or condition resulting in death)	190	whe m	MAG	and	of	Ma	rope	DY				number		
_	DUR TO (OR AS A CONSEQUENCE OF):											(
ERTIFICATION	Sequentially list conditions,	b. buelto	IOR AS A CORSE	DUENCE O	H:	and	40	Jus	×07 (XIFE	26		090		
8	If any, leading to immediate cause. Enter UNDERLYING	. Al	my										/		
E	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	QUENCE O	F):										
	resulting in death) LAST	d,													
2	PART II. Other significant condition	s contributing to	death but not i	resulting	in the u	nderiying	ceuse ç	given in	Part i.	24a. WAS AN		246	. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	Muly	wheel	dero	ny					_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME		V .		11 5						tund .			OF DEATH? 1 YES 2 NO		
ä															
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Chi	eck only one)					
1YS	1 YES 2 NO	Inpetient 2			4 🗌 Nu	rsing Home	_	eldence	8 🗆 Other						
	Natural 5 Pending	28a. DATE Of (Month, E		28b. TIM	IE OF JURY	28c. INJU WOF	PRY AT PK? ES 2 [¬ No	28d. DE\$0	RIBE HOW I	NJURY OC	CURED			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At ho	ome, farm,	street, fac			_ NO	28I. LOCA	TION (Street)	and Numbe	e or Rumi	Route Number,		
E	4 Homicide determined	bullding,	etc. (Specify)						City or	Town, State)			2007-100		
COMPLETED	29a. CERTIFIER OCHTIFYING PHYS	CIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, date a	and place.	and due	to the caus	e(s) and ma	nner as ste	rted.			
NO.	2 MEDICAL EXAMINE	R: On the besis of s	ramination and/or	Investigatio	on, in my	opinion, de	atty occur	ed at the	time, date s	and place, an	d due to t	ne cause(s	c) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIE	10	V Da			\neg	saf pics	NSE NA	epen,		29d. DAT	е марто	(Morm. Day, Year)		
0	CX X	1201					1	X	-58	/	1/	64	272		

M.D./4710 PENNINGTON AVENUE/RALTIMORE
32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



10g. CITIZEN OF WHAT COUNTRY? USA

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

10d, INSIDE CITY LIMITS? 1 K YES 2 | NO

14. RACE — American Indian, Black, White, etc.

Approximate Interval Between Onset and Death YRS

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

0900 AM

REG. NO

1 - FOR STATE REGISTRAR

29b. SIGNATURE AND TITLE OF CERTIFIER

5109 31. DATE FILED (Month, Day, Year)

Chut T.

8 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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2	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 88/80,	OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after
5	OR

		1. DECEDENT'S NAME (First, Middle, Lest) Harry Clay Hull, Jr. 2. DATE OF DEATH MONTH DAY YEAR 0 92 0 96													
,									,		12	1.	5 9	92 0	17
		4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	Month, De	BIRTH ny: Year)	9	B. BIRTHPLA Country)	VCE (S
P.		216-28-7425	_	V M 2 □ F	83	YRS.					5/28	/09		Md	
2, 3 should	~	9a. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCATE	ON OF DEAT	Н		9c. COUNT	TY OF DEATH	Н
1, 2, 3	СТОВ	4909 Roland		e			Ва	ltir	nore						_
2002	ш	10a. STATE	10b. COUNTY			200	ry, town (100	d, INS
if. P	DIRI	Md				I	Balti	more	Э.					12	X YE
Беп	¥	10e. STREET AND NUMBER						10	f. ZIP CODE				10g. CITIZ	EN OF WHAT	T COU
physician. burial-transit permit. Pages 1,	FUNERAL	4909 Roland	Avenu						212					USA	
physician burial-tra	5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT C	of HISPANIC	ORIGIN? (S	Specify Yes	or No-	14. RACE — Black, WI	
for pt	} B	3 Widowed 4 Divo		IF YES, GIVE W				1 TYES	2 🙀 NO	Specify:			- 1	Specify:	
as 1	ED	15. DEC	EDENT'S EDUC	CATION	WWII	. DECEDENT'S	USUAL O	CCUPATI	ON		16b. Kil	ND OF BUS	SINESS/INDU	whit	<u>ce</u>
or a	ᇤ	(Specify online Elementary/Secondary (0	y highest grade	completed) Coflege (1-4 or 5 -		(Give kind of IIIe. Do NOT a	work done	during me	ost of working	ng					
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detach	COMPL	5+3 Physician Me 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Maid													
retained by the hospital or attending 5 should be detached for use as the notified at once.	ш	Harry Clay	Hu11,	Sr.					F1	ora I	ay				
	0 8	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 1)											n, State, Zip (Code)	
	-	Harry Hull,	III			_ 9 De	catu	r Av	re, A	nnapo	lis.	Md.	2140	3	
leath. Page 6 may be funeral director, page xaminer must be		20a, METHOD OF DISPOSIT 1 □ Buriel 2 🏋 Cremetic		oval from Stata		CE AND DATE			ame of		DATE	20c. LO	LOCATION City or Town, State		
Page 6 may il director, pa ner must b		4 Donation 5 Other			Gre	enMour	t Cr	emat			10/16	Ва	ltimo	re. M	١d.
death. Pag tuneral dii L. examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSER						h ton		00 1 L	lome,	Tno	
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hours after death. ed in by the funera or removal. medical examin		23. PART I. Enter the d	iseases, or o	omplications the	t caused the	death. Do									Ар
filled in on, or re		IMMEDIATE CAUSE (Final													On
		disease or condition													
executed within and completely to burial, crematinatic event, t	ŀ	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, N. Serv. leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
and com burial,	N	Sequentially list condit	lons.	HYPE	RTEN	SIVE	Hz	EAK	27	DISE	ASE				-
	CATION	If any, leading to imme	diate												
ertificate ing physi giene pr other t															
eath certificate be a attending physician ntal Hygiene prior to y, or other traur	RTIFI	resulting in death) LAS	τ												1
the death certificate be y the attending physician id Mentai Hygiene prior Injury, or other trau	빙														<u> </u>
the by the	DICAL	PART II. Other algnifica								given in P	urt I. 24	a. WAS AN	AUTOPSY	24b. WE	ERE AL
requires that the een signed by to of Health and shows any in	20	DISECTI	NG	AGETI	CAN	EUR	15 N	1	_/5	180	_ 1	YES 2	X NO		MPLE DEAT
requires seen sign of Healt	ME										_			1 [YE
has been Dept. of 1	AN:														
4: The cate has State D	SICIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Chec	k only one)				
SiCIAN: The certificate I h the State d, or Item	- 1	1 TYES 2 NO		1 Inpatient 2		nt 3 □ DOA			ne 5 🗆 Re	esidence 6	Other (S	pecify)			
ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State I 28 is marked, or item	표	27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE OF (Month, D		28b. TH	JURY	W	JURY AT DRK?		8d. DEŞÇR	IBE HOW I	NJURY OCC	JREO	
DING PHYSI After this c death with	BY	2 Accident	Investigation				М		YES 2	-					
TOR: A after d after d 28 Is	0		Could not be determined	building,	F INJURY — A atc. (Specify)	it home, farm,	street, fac	tory, offic	:0	1		ON (Street lown, State)	and Number o	ir Rural Route	e Num
L OR ATTENDING F DIRECTOR: After I hours after death Item 28 Is mar		20a CERTIFIER						_			-				
TAL C TAL D T2 ho	MPL	(Check only 1 CERT		CIAN: To the best of											
UNERAL Thin 72 h	S	2 MED	KAL EXAMINE	R: On the beals of a	xamination and	1/or investigati	on, in my	opinion, o	death occu	red at the ti	na, date an	d placa, ar	d due to the	ceuse(s) en	nd ma
4 4 4 4	1	and an according to the form		ed.									_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

> OW INJURY OCCURED reet and Number or Rural Route Number, Nate) menner as stated. and due to the ceuse(a) end manner as stated. 29d. DATE SIGNED (Month J Day, Year) BALTIMORE MD DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	THE RINEAN, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	performant. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last) Leginald J. Han day 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vis. last birthole		12 15 9	3. TIME OF OEATH 2 12: 45 AM M								
1	4. SOCIAL SECURITY NUMBER 2.1950 7 1 M 2 F 43 YRS 9a. FACILITY NAME (If not institution, give street, and number)	MONTHS DAVE MOURE MIN	(Month, Day, Your) 449	BIRTHPLACE (State or Foreign Country) OF DEATH								
TOR	Mercy Medical Conter	Baltimon,	Bal	hmore								
DIRECTOR	10a. STATE 10b. COUNTY 10c.	Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 ND								
FUNERAL	6968 Brokmill Rd	10f. ZIP CODE 2/2/5	10g. CITIZEN	OF WHAT COUNTRY?								
₽	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:											
IPLETED	(Specify only highest grade completed) (Give kind	of work done during most of working use retired.)	16b. KINO OF BUSINESS/INDUST	TRY								
BE COMPL	17. FATHER'S NAME (First, Michillo, Last) EON R. HANDY	AUDR	First, Middle, Melden Sumame)	/JY								
욘	Audrey L. Handy 53	NG ADDRESS (Street and Number or Rural Round 334 GIST AVE	- 11	1215								
	20a. METHOD OF DISPOSITION 1	TE OF DISPOSITION (Name of other place)	DATE 20c. LOCATION - CHY 2/18 Balto.	or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Gres a. Morton	James A. Moi										
CERTIFICATION	23. PART I. Effer the diseases, Dr complications that ceused the death. D shock, Dr heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DISSEMULACE DUE TO (OR AS A CONSEQUENCE OF THE TOWN OF THE	Intravasula Coa on: -ailure		, Approximata interval Between Oneet and Death								
CERTI	resulting in death) LAST											
4: MEDICAL	PART II. Other significant conditions contributing to death but not resulting Previous previous renal fair to	g in the underlying cause given in Par	t I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE DF DEATH (Check of OTHER:	only one)									
энүѕ	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DO/ 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b.		d. DESCRIBE HOW INJURY OCCUR	ED								
B	2 Accident Investigation 28e. PLACE OF INITIBY — At home for	M 1 YES 2 NO	f. LOCATION (Street and Number or F	Pural Route Number								
ETED	4 Homicide determined building, etc. (Specify)		City or Town, State)									
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do like best of examination end/or investig			suse(e) end manner ee stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER Patrice 1	29c. LICENSE NUMBER	29d. DATE SI	QNED (Month, Day, Year)								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (ILLES LIE MB) BITMEN MA	po, Print)		1.) 1								
	DEC 18 1992 June 1992 September 1992	i i i i i i i i i i i i i i i i i i i										

		FOR 1 - STATE REGISTRAR	STATE OF I		D / DEPAR CERTIF						REG. NO.	92	35	55,05
		DECEDENT'S NAME (First, Middle, Last)	JAME	C	HENS	ON				MONT			YEAR	. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1					IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	_	92 B. BIRTHPL	ACE (State or Foreign
ъ	7)	214-05-2509	1 XM 2 - F	7	O YRS.	MONTHS	DAYS	HOURS	MIN.	03-	15-22		MARY	ZLAND
2, 3 should	POR		W. Rog	ers A	venue				timo		City	9c. COUNT	TY OF DEA	none
	pinector	10a. STATE 10b. COUNTY MARYLAND NO.			10c. CIT	Y, TOWN O			E C	ITY			100	Od. INSIDE CITY LIMITS? STYES 2 NO
Y	FUNERAL	100. STREET AND NUMBER 4004 W. ROGER						ZIP COO	Æ				EN OF WH	AT COUNTRY? STATES
215-0020 attending physician. se as the burlal-tran	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDiverced	S AVE . 21215 UT 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1/2 YES 2 \(\text{NO}\) NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 \(\text{YES 2V}\) NO Specify:									14. RACE	- American Indian, White, etc.	
21215-0020 al or attending physic for use as the burlal	9	1s. DECEDENT'S EDU (Specify only highest grade	completed)	164	n. DECEDENT'S (Give kind of	work done o	CCUPATIO	ON st of work	ing	16b	. KIND OF BUS	A SINESS/INDU	FRO	AMERICAN
by the hospital of the detached for at once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 3 years CHAUFFEUR									PRI	(VAT	Е
TYLAN d by the hor id be detach d at once.	BE CO	17. FATHER'S NAME (First, Middle, Lest) JOSEPH HENSO	N CLAR											
E, MAR y be retained bage 5 should be notified	6	DAWN SMITH 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4004 W. ROGERS AVE. BALTO, MD. 21										212	15	
BALTIMORE, MARYLAND are death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached real.		20a. METHOD OF DISPOSITION (XX) Burlat 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		cemetery	y, crematory or o	TFO	RES'	r V	A.CE		92	CATION — CI		S MD
BALTIMOR ter death. Page 6 ma the funeral director, and examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	Scruz	200	Sr.	CF	ALV]	IN E		CRUG	GS FU			OME D. 21213
24 hours aft filled in by dion, or remo		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	(DR AS A CO	orgest	NGE:	the mo	de of dy VE I	ing, suc	h aa cam T _. FA	AILURI	ratory arre	at,	Approximata Interval Between Onset and Death
P.O. BOX 68: tth certificate be execute tending physician and ci al Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST CAVO NC Renal im E Three Cause (Disease or injury that initiated events resulting in desth) LAST												
RECORD: requires that the been signed by the c of Health and M shows any Inju	N: MEDICAL C	PART II. Other significant condition	is contributing to	death but n	not resulting	in the un	derlying	g cause	given in	Part I.	24s. WAS AN PERFOR 1 VES 2	MED?	AN CO	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 WO
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	3 5000 1111		OTHER	3:		DEATH (Ch					
. 2 55	PHYS	27. MANNER OF DEATH	1 Inpatient 2		28b. TIM		28c. INJ		esidence		r (Specify) SCRIBE HOW II	NJURY OCCU	JRED	
VISION OF ATTENDING PHYSICECTOR: After this of after death with 1.28 Is marked,	D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C		At home, farm,	М	1 🗆 1	rES 2 (□ NO		ATION (Street e	and Number o	or Rural Rou	ite Number,
8 8 3 5	ETE	4 Homicide determined		_				No. o-			or Town, State)			
OSPITAL UNERAL Ithin 72 h	COMPL	(Check only one) 2 MEDICAL EXAMINE	R: On the best of a											nd manner se stated.
TO THE HOSPITAL (TO THE FUNERAL D Be filed within 72 h	BE	296. SIGNATURE AND TITLE OF CERTIFIED		MD					D3		-(29d, DATE	SIGNED (M	forth, Day, Year)
	10	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH		, Print)	SUIT	2 7	O &	nos	21 mb	1. EU	GAN	2 50
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUR		1.60				-		•		

BALLIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
STATE OF VITAL RECORDS, F.O. BOX 68760,	TO THE HOURITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	WORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEP					MENT	TAL HYGIEN REG. NO.	E	32	35506
	1. DECEDENT'S NAME (First	, Middle, Last)									TE OF DEATH			3. TIME OF DEATH
	Amos		Daniel		Har	mon,	Jr.				ec. 13	19	92	10:15 AM
	4. SOCIAL SECURITY NUME	BER	5. SEX		yrs. last birthdi		R 1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH	13		HPLACE (State or Foreign
	199-14-002	7	1 X M 2 🗆 F	69	YAS	MONTHS	DAYS	HOURS	MIN.	(Me	onth, Day, Year)	22	Count	try)
	9e. FACILITY NAME (If not in			03		9h CIT	Y, TOWN (OR LOCAT	ION OF D		c. 5 19		-	nnsylvania
Œ	2806 Paper								ION OF DI	EAIH			NTY OF E	
18	RESIDENCE OF DEC		Noau				Phoe	nix		:		B	altin	nore
Æ	10e. STATE	10b. COUNT	Y		10c.	TTY, TOWH	OR LOCAT	TION						10d. INSIDE CITY
Di	Mountained Politimans										LIMITS?			
1	THOUTHAN TO THE PARTY OF THE PA													
ER/	R cook B													
N	11. MARITAL STATUS	138111	12. WAS DECEDEN	T EVER IN	US ARMED	12	WAS DEC				GIN? (Specify Yea		USA	
	1 Never Married 2	Married	FORCES?	YES	2 NO	13	If yes, sp	ecify Cub	en, Mexica	en, Puerl	io Ricen, atc.)	or No-	14, HAC	E — American Indien, k, White, etc.
B	3 Widowed 4 Divo	erced	IF YES, GIVE V	WW			1 YES	2 XNO	Specif	ly:			Spec	White
요		EDENT'S EDU			16e. DECEDEN	'S USUAL (OCCUPATION	ON			6b. KIND OF BUS	INECC/IN	METRY	write
ᇤ	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5		(Give kind life, Do NO	of work done use retired.)	during mo	st of worki	ng	- 1	OD. KIND OF BOX	HIVE 337 HVL	/USINI	
립	8		College (1-4 or 3	"	Crane	Ope	rato	r			Constr	uctio	n	
COMPLET	17. FATHER'S NAME (First, M	liddle, Last)				993			HED'S NA	ME /Elm	t, Middle, Maiden			
m O	Amos Danie	l Harn	non Sr								e Mathe			
00	19e. INFORMANT'S NAME (7		1.011, 011		105 MAII	NO ADDRES	P (Ct1				imber, City or Town			
오	Marjorie G.		on								oenix,			31
	20e. METHOD OF DISPOSIT	ION	-	20b. F	PLACE AND DA				,	_	ATE 20c. LO			
	1X Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		oval from State	cemel	tery, cremetory of	r other place	1		Mot	1				nix, MD
	21. BIGRATURE OF FUNERA		ENSEE	7.7	ODIAI		NAME A				cni ce	m. F	noei	nix, MD
		with the	Wan	600	2		Lei	nmor	n-Mi	tche	ell-Wied	efelo	d	
	Lowell		mmon			10	W.	Pac	lonia	Ro	d., Tim	oniu	m, N	VID 21093
	23. PANT L Enfor the di	seasea, or o	complicatione tha	t ceused	the deeth. D	not ante	r the mo	de of dy	ing, euc	h aa c	ardiec or reapl	ratory an	reat,	Approximata
	IMMEDIATE CAUSE (Fin		cist only one cec	ise on aec	en iine.									Interval Between Onset and Death
	disease or condition reaulting in death)	→	· Car	dia	-6.	<00	100	CDV	1		11106			
	resulting in death)		a. Our TO	(OR AS A C	ONSEQUENCE	OF):			5	CC	1105	¥		
z			R	w 0	0	row'l	w	10-	A	100	le.			20411
은	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A C	CONSEQUENCE	OF):			1-11	CO	7-0-2			3
8	cause. Enter UNDERLYI	NG	CC	10/2	01/0	<c.< td=""><td>De</td><td>1</td><td>20</td><td>e i</td><td>den t</td><td></td><td></td><td>20VVI</td></c.<>	De	1	20	e i	den t			20VVI
CERTIFICATION	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A C	CONSEQUENCE	OF):						-		2711
E	resulting in death) LAS	т 📗	d											
1 1														
¥	PART II. Other algnifica	2			t not reaultin	In the u	nderlying	cause	given in	Part I.	24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC		DCh.	Laron			l	wil	Li	his		1 TYES 2			COMPLETION OF CAUSE
W W	- Par	ient	relu	sch	Cul	000	Win	C . 1	Ne.	100	1	1		OF DEATH? 1 YES 2 NO
-			0								/			
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only	one)			
Sic	EXAMINER?		HOSPITAL:	ER/Output	lant 2 DOA	OTHE	R:	2.0						
Ä	27. MANNER OF DEATH		28e. DATE OF			ME OF	28c. INJ	_	eldence		her (Specify) ESCRIBE HOW IN	I II I III OO	DIE	
		Pending	(Month, D.			NJURY	WO	RK?	¬ NO	28G. D	ESCHIBE HOW IN	JURY OC	CURED	
BY	E PECTOSTIC	investigation	28a PLACE O	E IN HIDY	At home dom			/ES 2	NO					
6	3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)													
Ē.	200 CERTIFIER									<u></u>				
AP1			CIAN: To the beat of											
COMPLETED	one) 2 MEDI	CAL EXAMINE	R:-On the basis of a	commention of	end/or Investige	llon, in my	opinion, d	eath occur	red at the	time, de	ite end place, end	due to th	e cause(e	e) end manner ee stated.
BE C	296 SIGNATURE AND THE	OF CENTIFIER	40	1	A-1	1		29c. LIC	ENSE NUM	MBER		29d. DATI	E SIGNED	(Month, Day, Year)
(A)	les	416	-10	/				1	3	25	724			15-92
F	30, NAME AND ADDRESS OF			OF DEAT										
Ø.	Ghassan Z.	Aray	si, M.D.	1-0.1	342	1 Sw	eet	Air	Rd.,	, P	hoenix,	MD	.211	31

FC 1 8 1992

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

DIRECTOR: After this control of the property o

	1 - STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND I CATE OF DEATH	MENTAL HYGIENE						
, i	1. DECEDENT'S NAME (First, Middle, Last)	WIE OF BEATT	2, DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	FUNDER 1 YEAR	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
		ONTHS DAYS HOURS MIN.	(Month, Day, Year)	7 (reorgia					
~	Sa. FACILITY NAME (If not institution, give street and number)	b. CITY, TOWN OR LOCATION OF DE	EATH 9	c. COUNTY OF DEATH					
OT	RESIDENCE OF PECEDENT	100 CGZON 1	tue 1	DALTIMORE					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY	TOWN OR LOCATION		10d. INSIDE CITY LIMPES?					
	10s. STREET AND NUMBER	10f. ZIP CODE		1 YES 2 NO					
FUNERAL	633 N. BENTALOU SE	212	16	IL CA					
FGN	11. MARITAL STATUS 1 New Married 2 Married FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cubin, Mexics		No 14. RACE — American Indian, Black, White, etc.					
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TES 2 NO Specif		Specify: Black					
TED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S US (Specify only highest grade completed) (Give kind of wor	k done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY					
PLET	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use	elisa.)	ME	The al					
COMPL	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Meiden Sun	name)					
BE (Julius GAY	Quec	n Kenn	edy					
5	EDWARD SingleTon 633 1	DORESS (Street and Member or Rural	Route Number, City or Town, S	1					
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF		DATE 20c. LOCAT	TON — City or Town, State					
	4 Donation 5 Other (Specify) METRO C	remainly IN	18A. Col	onuille MD-21229					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH R. Waltels Jr	22. NAME AND ABORESS OF FA	Jones Jones	Funeral Home					
	23. PART I. Enter the diseases, or complications that caused the death. Do not	46/1	4/	ghts- 21215					
	shock, or heart failure. List only one cause on each line.	enter the mode of dying, suc	n as cardiac or reapirate	ory srreat, Approximate Interval Between Onset and Death					
		JRES POSITIVE F	OR GRAM NEG						
	DUE TO (OR AS A CONSEQUENCE OF):	OM LOW							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate URINARY TRACT INFECTION								
ICA	CAUSE. (Disease or Injury that initiated sense.) DUE TO (OR AS A CONSEQUENCE OF):								
E	that initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause given in	Part i. 24s. WAS AN AUT	TOPSY 24b. WERE AUTOPSY FINDINGS					
ICAL	BRONCHOPNEUMONIA, RIGHT UPPER LOBE		PERFORME 1 _ YES 2 _	D? AMAILABLE PRIOR TO COMPLETION OF CAUSE					
MEC	MARKED CORONARY ARTERY ATHEROSCLEROS	IS		OF DEATH?					
Ä	35 WAS CASE DEFENDED TO MEDICAL								
BY PHYSICIAN: MED		26. PLACE OF DEATH (Ch DTHER: Nursing Home 5 Residence							
H.	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME (Month. Dev. Mari	OF 28c. INJURY AT	28d. DESCRIBE HOW INJU	JRY OCCURED					
ВУ	1 X Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO							
回	3 Suicide 6 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, stre	et, factory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time, date and place, and due	to the cause(s) and menner	r as stated.					
NO.	one) 2 MEDICAL EXAMINER. On the basis of sxamination and/or investigation,	In my opinion, death occured at the	time, date and place, and d	ue to the cause(s) and manner as stated,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	ABER 25	9d. DATE SIGNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	D11815		12-15-92					
	James E. Taylor, M.D. 900 Caton Ave		.9						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAPLES		-						

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DIVISION OF VITAL	-
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	1. DECEDENT'S NAME (First, Mid	ddle, Last)		_		-			2. D/	ATE OF DEATH		YEAR	3. TIME OF DEATH
	Eugene 4. SOCIAL SECURITY NUMBER								_	12 1	4 19	992	8:25P
	210-07-2848		SEX	6. AGE (In	yrs. lest birthday) YRS.	IF UNDER	DAYS	HOURS MIN.	0.2	TE OF BIRTH Conth. Day, Year) -01-13	i	Pola	and
1 1	9a. FACILITY NAME (If not institut	_				9b. CITY	TOWN O	R LOCATION OF	DEATH		9c. COU	NTY OF DE	
CTOR	Doctors Hos		1			L	anha	am, MD			Pri	nce	George
LUI .	RESIDENCE OF DECED	b. COUNTY			10c CI	V TOWN (OR LOCATI	04					10d. INSIDE CITY
O.B.	PA	Some	rset		W:	Lndb	er	7.7				- 1	LIMITS?
A	10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITI		AT COUNTRY?
8	409 7th Str	reet					′	15963				USA	
FUN	11. MARITAL STATUS		. WAS DECEDEN			13.	WAS DECE	NDENT OF HISP	ANIC ORI	GIN? (Specify Yes	or No-	14. RACE -	- American India White, etc.
BY	1 Never Married 2 Mar 3 Wildowed 4 Divorced		IF YES, GIVE V					2 NO Spec		ro racan, etc.)		Specify	F 77
03	15, DECEDE	ENT'S EDUCATION	ON	$\overline{}$	16a. DECEDENT'S	USUAL O	CCHPATIO	м		16b. KIND OF BUS	DINEGO (INC	HICTEN	
Ш	(Specify only hig Elementary/Secondary (0-12)	pheat grade com	ollege (1-4 or 5		(Give kind of life, Do NOT u	work done	during mos	t of working		TOU. KIND OF BU	MUE 33/ML	OSINI	
OMPL	6 , 6 ,		0.1090 (1.4.01.5	"	Coal	Min	er			Mini	ng		
S		17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	IAME (Fin	st, Middle, Maiden	Sumame)		
BE (F. John Hom							An	na	na Pankewicz			
2	19a. INFORMANT'S NAME (Type/									lumber, City or Tow	n, State, Zip	Code)	
	John Homick 20e. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF Campetery, Crematory or other (Specify)						357 Berkshire Dr; Riva, Md. 21140						
							Tant	neof	eme.	ATE 20c. LO		ber,	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
	21. SIGNATURE OF FORMERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY Hardesty Funeral 12. Ridgely Avenue												
	23. PART I. Enter the disee	ses, or com	pilcations the	t caused	the deeth. Do								Approxima
	IMMEDIATE CAUSE (Finel										Onset and		
	disease or condition resulting in death)		TRES!	Dire	100	J'allie							
	SUIC TO CONSEQUENCE OF CONSEQUENCE O												
ON	Sequentially list conditions, Due to join as a consequence or:												
CATION	if any, leading to immediate cause. Enter UNDERLYING									i			
RTIFIC	CAUSE (Disease or injury that initiated events	1	DUE TO	ION AS A	CONSEQUENCE O	P):							1
ш	resulting in death) LAST												
O	PART II. Other significant of	conditions or	ontributing to	death bu	t not resulting	in the ur	derlying	ceuse given i	n Part I.	. 24s. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FIN
MEDICAL	PERFORMED? AMAILABLE PRIOR									MAILABLE PRIOR T			
AED							0			I LI IES 2	KINO	- 1	OF DEATH?
ä													
CIAN:	25. WAS CASE REFERRED TO ME EXAMINER?		000.741					CE OF DEATH (C	Check only	r one)			
=	1 TES 2 NO		OSPITAL: Inpatient 2	☐ ER/Outpat	tient 3 🗆 DOA	4 Nun		5 - Residence	8 🗆 0	ther (Specify)			
YSI	27. MANNER OF DEATH 1 Natural 5 Pend	di-	28a. DATE OF (Month, D		28b. TIN	E OF JURY	28c. INJU WOR		28d. DEŞCRIBE HOW INJURY OCCURED				
PHYS		etigation				М		ES 2 NO					
Ŧ	3 Sulcide 8 Could not be determined 4 Homicide determined 28. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)								28t. L	OCATION (Street a lity or Town, State)	and Number	or Rural Ro	ute Number,
ED BY PHY	4 Homicide determined												
D BY PHY	20a CERTICIER > 4	NG PHYSICIAN	: To the best of	my knowle	dge, death occurr	ed at the f	me, date s	and place, and 4	e to the	cause(a) and mar	mer as stee	ed.	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

a Davidson Mandale

31. DATE FILED (Month, Day, Year)

)al

IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exmours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI	E .	
	1. DECEDENT'S NAME (First, Middle, Last)				7. 7	2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
		tine Hut	The second second			12-09-	1092	8.30 PM
		SEX 6. AGE/IN		UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)
	1214-40-5211	M 2 X F 8	5 YAS.	UNIO DATO	HOURS MIN.	07-21-19		aryland
	9s. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN OF	LOCATION OF DE	ATH	9c. COUNTY C	OF DEATH
DIRECTOR	The Wesley Hom	e, Inc.		Palt	imore (City		
1 2	10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY
1 15	Maryland		D = 11					LIMITS?
	10e. STREET AND NUMBER		BSII	imore	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2211 W. Rogers	AVA		2	1209		TT	.S.A.
Z		. WAS DECEDENT EVER IN	U.S. ARMED			NC ORIGIN? (Specify Yea		RACE — American Indian,
	1 X Naver Merried 2 Married	FORCES? 1 YES		If yea, spe-	olfy Cuben, Mexica	n, Puarto Rican, atc.)		Black, White, atc.
B	3 Widowed 4 Divorced	ii i Eo, Give inti on bai	123	1 123	2 NO Specify	<i>y</i> .		Specify: White
ETED	15. DECEDENT'S EDUCAT	ON	16a. DECEDENT'S USU			16b. KIND OF BUS	INESS/INDUSTF	PΥ
1	(Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mas lred.)	t of working			
1 4		4	Taught	Saho	0.1	Teacher	-Flom	.& Jr. High
COMPL	17. FATHER'S NAME (First, Middle, Last)		- raugin	-50-00		ME (First, Middle, Maiden		· a or · mign
E COM	Ferdinand W. Hutl	า				Edith E.		
8 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street an		Route Number, City or Town		
TO BE	Marjorie L. Hogge		Committee of the state of the s			altimore, M		S
8		205	PLACE OF DISPOSITIO				CATION City of	
examiner must	20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remova	from State	other place)					
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENT		oudon Park		ADDRESS OF FA	12/14 Bal	сипоге	, Ma.
Ē	21. SIGNATURE OF FUNERAL SERVICE LICENS	/				al Home		
	1/1/1/1/1			12.14.17.1			Palto	. Md. 21286
medica	22 DASIT I. Priter the diseases, or con	plicatione that caused	the death. Do not	enter the mod	a of dying, euc	h aa cerdiec or respi	ratory arrest,	Approximate
	ahock, or heert fallure. Lis	only one cause on ea	ch line.					Interval Between Onset and Death
5	IMMEDIATE CAUSE (Final disease or condition	melastrit	in Com			1.1.		Oliset and Death
event,	resulting in death) a	melastat DUE TO (OR AS A	CONSEQUENCE OF		-00	cours		
		50E 10 (011 NG N	oonseddende or j.		0			
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):					
AT	If any, leading to immediate cause. Enter UNDERLYING	,	,					İ
FICE	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST							
SEH G	d							
AL CI	PART II. Other aignificent conditions of	ontributing to deeth bu	it not resulting in th	ne underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDIC						I 1E3 2	□ NO	OF DEATH?
Z								1 TYES 2 NO
SIN	25. WAS CASE REFERRED TO MEDICAL							
BY PHYSICI,	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Ch	eck only one)		
S ≥	1 YES 2 NO 1	Inpetient 2 ER/Outpe				6 Other (Specify)		
E E	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	WOF	NC7	28d. DEŞCRIBE HOW II	NJURY OCCURE	D
B	2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree (y)	t, factory, office		28f. LOCATION (Street a City or Town, State)	ind Number or R	ural Route Number,
1 1	4 Homicide determined							
COMPLETED	29a. CERTIFIER (Check only	N: To the best of my knowle	edge, death occurred at	t the time, data	and place, and due	to the cause(a) and man	nor so stated.	
- N	one) 2 MEDICAL EXAMINER:							use(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES	0			29c. LICENSE NUI	MBED	20d DATE SIG	NED (Month, Day, Year)
H	R. L	leto, in	1.		Di Li	woch	290. DATE SIG	> -// -G
P P	36. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF CT	TH ATEN AT C		N214	64	10	- 11 7 1
		*			111 0	+ 0 4	41.	() \ \
	ROBERT LIBROR			8 BA	TIR S	1 secl	to di	004
	31. DATE FILED (Mogth, Day, Year)	32. REGISTRAR'S SIGNA	hande 99					
	DEC 1 8 1992	Time him ason-1	-					
	2-4 T 0							

certificate be law requires that the death The ITAL OR ATTENDING PHYSICIAN:

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L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to	Pours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
JR:	ter	-
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH 20:08 pher ammen 4. SOCIAL SECURITY NUMBER 5. SEX d. AGE (In yrs. last birthday) 7 DATE OF BIRTH A BIRTHPI ACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Month, Day, Year) 1 X 1 2 - F DAYS 126-42-1764 50 New York 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH olumbia DIRECTOR Howard OWELLS RESIDENCE OF DECEDEN 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY 1 X YES 2 NO N.J. Essex Maplewood 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 07040 32 Claremont Drive U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerlo Rican, etc.) 1 Never Married 2X Married FORCES7 1 TES 4 1 YES 2 NO Specify Specify: white BY 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade col Elementary/Secondary (0-12) College (1-4 or 5+) 6 Yrs Asst. V.P. Inform. Systems Health Care 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Hammer Madlyn Kern 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 32 Claremont Dr.; Maplewood, N.J. Nancy Hammer 20s METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State ☐ Donation 5 ☐ Other (Specify) _ Fairview Cemetery 12/21 Westfield, N.J. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY Johnson Funeral Home 23 PART I. Epter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 21286 Approximate Interval Between shock, or heart fellure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Final Mocardial disease or condition min resulting in desth) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 4 | Nursing Home 5 | Residence 8 | Other (Specify) Testaunant 1 | Inpatient 2 | ER/Outpatient 3 | BOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — All home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

Howard Con

Ellicot City

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAL'S SIGNATURO

29s. LICENSE NUMBER

MD

DEC 18 1992

2 MEDICAL EXAMINER: On the bests of as

Cone Way

ind

296. SIGNATURE AND TITLE OF CERTIFIER

4565 Hemlock

29d. DATE SIGNED (Month, Day, Year)

12/16/92

ATENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE ME

1 - FOR STATE OF MARYLAND / DEPA CERTIF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

153																					
- 97	1. DECEDENT'S NAME (First, Middle, L	est)							2. DATE OF DEATH			3. TIME OF OEATH									
(4)	James	E.		11 -					MONTH 1	DAY	YEAR	11 06 -14									
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi		FUNDER		IF UNDER	24 MDC	12 1 7. DATE OF BIRTH		1992	11:26 PM									
							HOURS	MIN.	(Month, Day, Year)		Count										
- 8	241-64-6766	1 X M 2 F	52	YRS.			11-7-1940														
1	9a. FACILITY NAME (If not institution, g	ve street and number)	-		9b. CITY, 1	TOWN OR	LOCATH	ON OF DEAT	ТН	9c. CO	JNTY OF D	EATH									
뜻	Chook Trans	Contac			Б.					- 0											
K	Shock Trauma	Lenrer			вал	tim	lore	,													
DIRECTOR	10e. STATE 10b. CO	INTY		10c. CIT	Y, TOWN OR	LOCATIO	ON .					10d. INSIDE CITY									
5	MD.				RAT	TIMO)RE					LIMITS?									
	10e. STREET AND NUMBER				DAL					1											
FUNERAL	The state of the s	O. O.				107. 2	ZIP CODI			10g. Cl		WHAT COUNTRY?									
<u>u</u>	1143 W. SARATO	GA STREET					212	23			USA.										
5	11. MARITAL STATUS		NT EVER IN U.S. ARI		13. W	AS DECEN	NDENT C	F HISPANIC	ORIGIN? (Specify	les or No-	14. RACI	E — American Indian,									
	1 Never Married 2 Married		1 ☐ YES 2 📉 N WAR OR DATES	0	10	yes, spec	X NO	n, Mexican, Specify:	Puerto Rican, etc.)		Spec	k, White, etc.									
BY	3 Widowed 4 Divorced				''		- E-110	opoury.			Spec	LACK									
8	15. DECEDENT'S	DUCATION	16a, DE0	CEDENT'S	USUAL OCC	HPATION			16b. KIND OF E	HEINESC /IN		,21.011									
E	(Specify only highest g		(Gi	ve kind of v Do NOT us	vork done du	ring most	of working	g	TOU. KIND OF E	OSHRESS/IN	DOSINI										
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5	+)																		
¥			UN	EMPL	OYED																
COMPLET	17. FATHER'S NAME (First, Middle, Last,						18. MOTI	TER'S NAME	E (First, Middle, Maid	n Sumame)											
Ш	JAMES HARRISO	N						FLOSS	SIE HARR	IS											
0	19a. INFORMANT'S NAME (Type/Print)		106	MAILING	ADORESS /	Stenet and	of Adventure	as Down I Do	ute Number, City or 1												
6			190									01000									
	DOROTHY GRAHAM			1201	W. F	AYE	TTE	SIKE	ET, BALT	LMORE	, MD.	21223									
	20a. METHOD OF DISPOSITION 1X Parial 2 Cremation 3 1 1	amount from State	20b. PLACE A	ND OATE	F OISPOSIT	ION (Neme	e of		DATE 20c.	OCATION -	- City or To	own, Stata									
	4 Donation Dotter (Specify)	emoval from State	cemetery crer MT.	netory or of	N CEM	ETER	RY		B	LTIM	ORE.	MD.									
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		1				SS OF FACIL			,										
	\ (\\\)\\\\).		4	1					WN JR. F	JNERA	L HOM	ME. P.A.									
	- CIXCM	V/ 17	Tha)								P.O. BOX 4433									
	23. PART i. Enter the diseasea,	or complications the	at caused the de	ath Do n								Approximata									
- 1	shock, or heart fellu	re. List only one ce	use on each line.		or criter to	111000	e or ay	rig, aucii	as cardiac or rec	piratory a	rest,	Interval Between									
- 1	IMMEDIATE CAUSE (Final																				
	disease or condition resulting in death)	Nun	skot	U/o	well	1	4/ (her													
- K	rooming in docum	DUE TO	OR AS A CONSEC	UENCE OF	7):	1] —					IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Jurishot Wound of Chest DUE TO (OR AS A CONSEQUENCE OF):									
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Albert 2. DATE OF DEATH 3. TIME OF DEATH 1 5 Wilmer A. Hoff, Sr. 1992 2:40 P. M Dec. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F 84 215 32 1042 A Jan 12, 1908 Carroll Co. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1726 W. Old Liberty Road Sykesyille Carroll RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Carroll Sykesville 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1726 W. Old Liberty Road 21784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 MO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Materried It yes, specify Cuban, Maxican, Puerto Rican, stc.) BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind at work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Farmer Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Francis M. Hoff BE Ada Arnold 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 1726 W. Old Liberty Road Sykesville, Md. 21784 Evelyn Wilson Hoff 20s. METHOD OF DISPOSITION
1 Maurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Donation 5 Other (Specify) Lake View Cemetery 12/2bSykesylle, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home P.O.Box 195 Sykesville, Md. 21784 23. PART I. Enter the diseases, or compile atoms that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition ARDIAC 12 hrs resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED, TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ea stated. 2 MEDICAL EXAMINER: On the beals of example nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner on stated. ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Vous 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6500 PANORAMA Dr. SYKESVILLE 32. REDISTRADE SICH TUBE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	IREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for u	ಶ	Ξ

35513 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92

	1 - FOR STATE (TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE S	32 35513
	1. OECEDENT'S NAME (First, Middle, Last) BEHY	A. John.	501	2. DATE OF OEATH DAY	SYEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2)	0.5	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-14-1929	e. BIRTHPLACE (State or Foreign Country) Maryland
R.	9a. FACILITY NAME (If not institution, give street and numb	9F)	9b. CITY, TOWN OR LOCATION OF D BALTIMORE	EATH 9c.	COUNTY OF OEATH NA
DIRECTOR	University Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CI7	Y, TOWN OR LOCATION		10d. INSIDE CITY
1 1	Maryland na		Baltimore		LIMITS? 1 VES 2 NO
FUNERAL	7211 Valley Court		10f. ZIP CODE 21208	109	g. CITIZEN OF WHAT COUNTRY? USA
FUN	11. MARITAL STATUS 12. WAS DEC	CEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic		
B	3 Widowed 4 Divorced	GIVE WAR OR DATES	1 VES 2 NO Speci		Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(Give kind of	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BUSINES	ss/industry ekeeper
MPLI		07 5+)			
	17. FATHER'S NAME (First, Middle, Lest) Marshall Johnson			AME (First, Middle, Melden Sume La Skipper	ame)
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Street and Number or Rural		ate, Zip Code)
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	20a. METHOD OF DISPOSITION 1	cemetery, crematory or o	OF DISPOSITION (Name of ther place)	OATE 20c. LOCATIO	ON — City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	onald Wade, Di	I		natomy Board
4	money 10 UM	12/17/92	655W.Baltimor		
-	ea. PART I. Enter the diseases, or complication ehock, or heart failure. Liet only or IMMEDIATE CAUSE (Finel	e ceuse on each line.	not enter the mode of dying, su	ch es cardiac or respirato	Approximate interval Between Onset and Death
	disease or condition resulting in death)	etastatic K ue to (or as a consequence of	reast Conc	er	
NO NO	Sequentially list conditions, if any, leading to immediate	LEANT SEIL	N°		
ICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	UE TO (OR AS A CONSEQUENCE O			
CERTIFICATION	that initieted events resulting in death) LAST	ar to (on as a consequence of	т.		į
AL CE	PART II. Other eignificent conditione contribution	ng to death but not resulting	in the underlying ceuse given in	Part i. 24s. WAS AN AUTO	
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ВУ Р		onth, Day, Year) IN	WORK? M 1 YES 2 NO	20d. DESCRIBE NOW INJUR	TY OCCURED
	3 Suicide a Double 28e. Pl	ACE OF INJURY — At home, term, illding, etc. (Specify)	street, factory, office	28f. LOCATION (Street and A City or Town, State)	Number or Rural Route Number,
COMPLET	onel		red at the time, date and place, end du on, in my opinion, death occured at th		as stated, ue to the cause(e) end menner ee stated.
88	29b. SIGNATURE AND TITLE OF CERTIFIER	MU	29c. LICENSE NU) 7 7 2 P	DATE SIGNED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO COMPLETE	D CAUSE OF GEATH (ITEM 27) (Typ)	SUPPLIES CL	Baltima-	MAIN
	31. DATE FILED (Month, Day, Year) DEC 1 9 1002 4 32. REI	GISTRAR'S SIGNATURE	J11 000 () ()	D4(11110)	- 1 - 1 - 1 - 1
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92 35514 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN	AL -	2 3	5514		
1. DECEDENT'S NAME (First, Middle	e. Laso				2. DATE OF DEATH		1	TIME OF DEATH		
	GEORGE JONES	S , SR.				16, 19	92	12:00P*		
4. SOCIAL SECURITY NUMBER	37	(In yes, lear birthday)	FUNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HMS.	7. DATE OF BUILDIN		S. BUSTHPLA	ACE (State or Foreign		
215-07-4092	-07-4092 12-2-1 76 Wes. -		HOURS MIN.	June 09 1	9 1916 MARYLAND					
611 OLESMONT PRESIDENCE OF DECEDE 10s. STATE 10s. MARYLAND	ROAD		The second of the Party Collins	CONSVILLE		Sc. COUNT	BALT			
10s. STATE 10b.	COUNTY	tite, CIT	Y, TOWN OR LOCA	TION			100	d. INSIDE CITY		
	BALTIMORE	C	ATONSVII	LE ZIP CODE			11	LIMITS? ☐ YES 2 NO		
10. STREET AND NUMBER 611 OLESMONT 11. MARKTAL STATUS	ROAD		1"	21228		100000000000000000000000000000000000000	EN OF WHA SA	T COUNTRY?		
II. MARETAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	RC ORIGIN? (Specify Ve			American Indian.		
3 Widowed 4 Divorced	FORCES? X YES	2 NO ATES	If yes, ap	ecity Cuben, Mexica 2 XNO Specif	n, Puerto Rican, etc.)		Black, W.	Black, White, etc.		
15. DECEDENT	'S EDUCATION of grade complemit)	16a. DECEDENT'S	USUAL OCCUPATION done during me	ON of working	16b. KIND OF BU	SINESS/INQU	STRY	//		
15. DECEDENT (Specify only highe Elementary/Secondary (9-12) 17. PATHER'S NAME (First, Middle, J.	College (1-4 or 5+)	INE. Do NOT us	e nethed.)	at or working						
17. FATHER'S NAME (First, Middle, L	3 YR	LITHOG	RAPHER		INTERNA		PAP	ER		
	IONES			The second secon	ME (First, Middle, Malden Surneme)					
THE RESOURCE WANT OF THE	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	T see Man see	ADDRESS (Co)	EMMA	SMITH Route Number, City or Re					
INGEBORG JON					TONSVILLE		SEE HOUSE	Settle (1994)		
30s. METHOD OF DISPOSITION PA Burlal 2 Cremation 3	The same of the sa	PLACE AND DATE O				CATION — CI	21228			
4 □ Donation 5 □ Other (Special	Hemoval from State Oth	OUDON PA	RK CEME	PERV	1200000					
21. SIGNATURE OF FUNDIAL SERV	a Donation 5 Dother (Specify) LOUDON DARK CEMETERY 12/19 BALTIMORE, MD 21. SIGNAFURE OF PUREMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
() Jan	29	XX			L HOME INC VENUE-BAL		N.T.	01000		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition as Concin one of the Ling DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	USE (Disease or Injury C DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant cor	nditions contributing to death be	ut not resulting in	n the underlying	cause given in	Part I. 24s. WSS AN	AUTOPSY	24b. WE	NE AUTOPSY FINOINGS		
29. WAS CASE REFERRED TO MEDI EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH					1 YES 2	HO	AVA COS OF	LABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDI EXAMINER?	The state of the s		26, PL	ACE OF DEATH (CIN	ex only one)		_			
1 TYES 1 XNO	HOSPITAL: 1 Impellent 2 ENOutp	ellent 3 🗆 DOA	OTHER:	5 Munidence	€ ☐ Other /Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending		28h. TIME INJU	OF 28c MA	JRY AT	28d. DESCRIBE HOW I	NJURY OCCU	MED			
# Accident Investig Accident Investig Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident	sot be 26e. PLACE OF INJURY	At home, farm, st		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Humber or	Rural Route	Mumber;		
29s. CERTIFIER										
29s. CERTIFIER (Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of my knowledge. AMINER: On the best of examination	edge, death occurred end/or investigation	d at the time, date i, in my opinion, de	and piece, and due	to the cause(e) end men	ner se stated.	:euse(e) end	t manner se stated		
29b. SIGNATURE AND TITLE OF CE			T	29c. LICENSE NUM				nth, Day, Year)		
live of	moller The			D0-78		► 12	/17/	A7		
	DN WHO COMPLETED CAUSE OF DEA LLER - 1047 ING					AND	21222	10		
31. DATE FILED (Month, Day, Year)			ATMOR -	CATONSVI	LLE, MAKYI	LAND	21228	5		
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92 35515 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **JESSE** 8:10 A. JETT PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217-18-6790 DAYS 1 XM 2 | F 88 July 15,1904 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Lutherville Baltimore 1 TYES 2 NO 10e. STREET AND NUMBER 10f 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 8502 Westford Road 21093 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TES 2 NO Specify: 3 CWidowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 12 Manager Exterminating Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Mary Morgan Jett L. N H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Janet J. Hinton same as #10a - #10f 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Burial 2 - Cremation 3 -Parkwood Cemetery 4 Donation 5 Other (Specify) 12-19-92 Balto. Co. Maryland 21. SIGNATURE OF EUNERAL SERVE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. Ernest Feist 1050 York Rd., Towson, Maryland 21204 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition · meninoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF). un physeuma. CERTIFICATION Sequentielly list conditions, TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY 1 - YES 2 1 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED BY

1 Natural
2 Accident 1 YES 2 NO 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide

29a. CERTIFIER 1) Karrifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

MP Huma Shaling 12 42 116 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HUMASHAKIL, UNION MEMORIAL HOSPITAL

201 E. Univ BALTIMORE PKWY MP 31. DATE FILED (Month, Day, Year)

8 Could not be

8 1992

32. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DA				2. DATE OF DEATH 3. TIME OF				
	Anni	e	Jeff	erson		Decem	ber 12,	1992	7:15pm w		
58	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE /	In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF I			IPLACE (State or Foreign		
	The state of the s	1 M 2 V F		MONTHS DAYS	HOURS MIN.	(Month, De	1936	Countr	(Y)		
	9a. FACILITY NAME (If not institution, give str		66 YRS.						TH CAROLINA		
oc	Maryland Genera		-		R LOCATION OF DE	EATH	9c. C0	DUNTY OF D	EATH		
5	RESIDENCE OF DECEDENT	I nospital		Daltim	ore City						
B	10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION				10d, INSIDE CITY		
DIRECTOR	MD.		1	BALTIMO					LIMITS?		
3	10e. STREET AND NUMBER				ZIP CODE				1 X YES 2 NO		
FUNERAL		TIP		101			10g. C	ATIZEN OF V	WHAT COUNTRY?		
ᄬ	2952 ARUNAH AVEN				21216			USA.			
교	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	VU.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	VIC ORIGIN? (S in. Puerto Ricar	pecify Yes or No-	- 14. RACE Black	E — American Indian, k, White, etc.		
ВУ	₩ Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 1		2 XNO Specify			Speci	fly:		
	15. DECEDENT'S EDUC							BLA	ACK		
COMPLETED	(Specify only highest grade of	completed)	(Give kind of we	ISUAL OCCUPATION OR done during mo retired.)	oN st of working	16b. KJN	O OF BUSINESS/	INDUSTRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)									
N			HOMEMAK	EK							
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middl	e, Maiden Sumame)			
BE							_				
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural i						
-	JOSEPH JEFFERS	ON	14 R	IDGEBUR	Y COURT,	BALTI	MORE, MI	0. 212	244		
	20a, METHOD OF DISPOSITION 1 🖾 Burial 2 🗆 Cremation 3 🗆 Remo		PLACE AND DATE OF		me of	DATE	20c. LOCATION	— City or To	wn, State		
	4 Donation 6 Other (Specify)		etery, crematory or oth VOODLAWN	er placa) CEMETER	Y		BALTI	MORE,	MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICE		1	22. NAME AN	D ADDRESS OF FA						
	· Wan	Lon	~	JOSEP 1913 W	H H BRO	WN JR EST. BA	FUNERAL	L HOMI 21223;	Ep. O. Box 4433		
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do no	ot enter the mo	de of dying, suc	h as cardiac	or respiratory	arrest,	Approximate		
Ш	shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cause on e	ach line.						Interval Between Onset and Death		
	disease or condition	Sepsis							Onest and Death		
H	DUE TO (OR AS A CONSEQUENCE OF):										
- 1		Neurological complications of Dementia									
CERTIFICATION	Sequentially list conditions,										
¥ I	If any, leading to immediate cause. Enter UNDERLYING										
ᇤ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:							
E	resulting in death) LAST										
8	-	·									
	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24s	. WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS		
EDICAL						1,5	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
						'9	2 123 2 110		OF DEATH?		
Σ.			_			-			1 X YE\$ 2 □ NO		
NA I	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Ch	not cot cool					
S		HOSPITAL:		OTHER:							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY			5 Residence						
	1) Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DEŞCRII	BE HOW INJURY (OCCURED			
B M	2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	reet, factory, office	'	28f. LOCATIO City or To	N (Street and Numi wn, State)	ber or Rural F	loute Number,				
	Troming Getermined										
4	29a. CERTIFIER 1 XCERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurred	at the time, date	end place, and due	to the cause(e) and menner as a	stated.			
COMPLETED		: On the basis of examination) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 11 1 1	-		29c. LICENSE NUM	ARFR	294 D	ATE SIGNED	(Month, Day, Year)		
B	//	MADKIL	N.		THE MOUNTE HOW	n/a	290. 0	12//	2/91		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time I	Print)		и/ а		17/	7/		
	Antoine	Arkiek, M.D.			ners1 Uc	eni+al					
-	SI. DATE FILED (MOVID. Day 1997)			Land Ge	meral no	obita]	-				
- 1	DEC 1 0 1997	12 / 529 200 200	Santore .								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after the share Deer or Health and Mental Hodiene polor to burial, cremation, or removal.	If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L OR ATTENDING PHYSICIAN: The law requin	L. DIRECTOR: After this certificate has been significant after death with the State Deut, of He	I tem 28 is marked, or item 23 show

BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN	E	33317		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	THELMA	NUSZ	KAGL	E		12-10-92		1:10A M		
	4. SOCIAL SECURITY NUMBER	0.1	BIRTHPLACE (State or Foreign Country)							
	215-40-7017	1 □ M 2 X F 96	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9-24-189		Maryland		
_	9a. FACILITY NAME (If not institution, give		4		R LOCATION OF DE	ATH	9c. COUNTY			
DIRECTOR	Pikesville Conva		Balti	more County						
ត្ន	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY .	10c. CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY		
E	Maryland Bal	timore county								
FUNERAL	13 Worthington	Hill Drive			21071		USZ			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED			IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,		
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	МО		2 NO Specify	n, Puerto Rican, etc.)	1.3	Specify: White		
	15. DECEDENT'S EDU	IOATION LO		1						
	(Specify only highest grade	e completed)	(Give kind of wor title. Do NOT use i	SUAL OCCUPATION rk done during most	N st of working	166. KIND OF BU	SINESS/INDUST	TRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+) ACC	countan	t/Homem	naker			_		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE C	Charles Luther	Nusz			-	nma Coram				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e		Route Number, City or Tow	n, State, Zip Coo	de)		
임	Jean Wohlfert		13 Wort	thington	n Hill D	rive,Glynd	on,MD	21071		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem		E AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, State		
	4 Donation 5 Other (Specify)	- 1								
	21. SIGNATURE OF FUNERAL SERVICE USERIAL RODALD Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Bo							-		
	11111111/11		7 /92					e,MD 21201		
	23. ART I. Enter the diseases, or shock, or heart failure.	complications that caused the clust only one cause on each lie	death. Do not	t enter the mo	de of dying, suc	h as cerdiac or resp	Iratory arrest	, Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition	.1	1	7	46	A		Onset and Death		
1	resulting in death)	DUE TO (OR AS A CONS	ark	eal (Tupac	eli_	LL.,			
_		DOE TO WHAS A COMS	SECUENCE OF):		- 72					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
TH	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):							
EH	resulting in death) LAST	d,								
	PART II. Other algnificant conditio	na contributing to death but no	t resulting in	the underlying	cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS		
S						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
AEC								OF DEATH?		
PHYSICIAN: MEDICAL										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpatient	3 DOA		e 5 🗌 Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	WO WO	RK?	28d. DESCRIBE NOW	NJURY OCCUR	ED		
À	2 Accident Investigation	28e. PLACE OF INJURY — At	home for ste		ES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	nome, tarm, str	eet, rectory, ome		281, LOCATION (Street City or Town, State)		tural Houte Number,		
9	290. CERTIFIER AND CERTIFICATION PARTY	DICHAN, To the house of a large of								
COMPLETED	2001	SICIAN: To the best of my knowledge, IER: On the basis of examination end/o						sussie) and menner se stated.		
	296. SIGNATURE AND FITLE OF CERTIFIE			001	29c. LICENSE NUI					
BE	Dounts	426/2 HAR	eard	BORA	A / C	チファ		GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	HD COMPLETED CAUSE OF DEATN (IT	TEM 27) (Type, P	rint)	0/3	4 / 4	0	/ /		
	DR LAKHANI	7220 PARK HG		NUE, BA	LTIMORE,	MD 21208				
	DEC 18 1992	32, REGISTRAR'S SIGNATURE	نعر							

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The	ite ha	ate D
NAN:	rtifica	he St
HYSICIAN: The law requires that the death certificate be executed within 24 hours after dear	his ce	vith to
NG P	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr	ath w
ENDI	R: Al	er de
ATT.	ECH	ithin 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or remov
IL DR	T DE	2 hou
SPITA	VERA	hin 7
0	5	문

_		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	:	1. DECEDENT'S NAME (First, Middle, Last) ANNA KUNK	EL_					2. DATE MONTH	OF DEATH		TEAR 3.	TIME OF DEATH	м	
P		4. SOCIAL SECURITY NUMBER 214-22-4984	1 🗆 M 2 🗡 F	GE (In yrs. last birt	rRS. IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH Day, Year)		BIRTHPL/ Country)	vland		
2, 2 sho	TOR	90. FACILITY NAME (If not institution, give s JOHNS HOPKINS RESIDENCE OF DECEDENT	SELIATRIC C	ENTER		FLT?	H LOCATION OF DI	EATH		9c. COUNT	Y OF DEAT	н		
	DIRECTOR	10a. STATE 10b. COUNTY	, Baltimore	10	e. CITY, TOWN O	Sex	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
- FE	FUNERAL	907 Boundbroo	ok Way			101.	21.	221		10g. CITIZE	USA	COUNTRY?		
5-0020 nding physician. is the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR 0	ES 2 NO	. 11	yes, spe	ENDENT OF HISPAI Hoffy Cuban, Mexica 2 No Specif	in, Puerto I	? (Specify Yes	s or No— 14	Black, W	American Indian, hite, etc. White		
2121 al or atter for use a	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary(Specondary (0-12)	CATION completed) College (1-4 or 5+)	(Give ki	ENT'S USUAL OC ind of work done d NOT use retired.) Housew	luring mo	ON st of working	16b	KIND OF BU	SINESS/INDUS	STRY			
MARYLAND retained by the hospit 5 should be detached notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) Ben F. George						ary	Seibe	rt				
	2	19a. INFORMANT'S NAME (Type/Print) Dorothy Sny 29a. METHOD OF DISPOSITION	der	9	07 Boun	dbro	nd Number or Rural (OOK Way]	Balti	more	Maryla	nd 2			
ALTIMORE, death. Page 6 may by thereal director, page 1.		1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Parkwood Cemetery 12/17/				7/92	DATE 20c. LOCATION — City or Town, State Baltimore Md.					
BALTIMORE, nours after death. Page 6 may be not in by the funeral director, page or removal.		Connelle Fo	inelal	flom	e c	onne	ellyFuner	ralHo				1221		
hin 24 hours tely filled in the mation, or rely 11, the media		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PRESSI	ure Sc	RES.	the mod	de of dylng, suc	h as card	lac or resp	Iratory arres	t,	Approximate Interval Betwe Onset and Dec		
N 20 - 10	NO NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF): DEM ENTA DUE TO (OR AS A CONSEQUENCE OF):											
or ciar	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DHIP FRACTURE + REPAIR 8/19/92. OUE TO (OR AS A CONSEQUENCE OF):											
e deat he atte Memtal	ادّ	PART II. Other significant condition	s contributing to deal	th but not resul	iting in the und	derlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDING	38	
RECOR requires that requires that seen signed by of Health an	N: MEDICA					_		_	PERFOR		CO OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
VITAL FORM: The law artificate has be he State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆 0	OTHER		ACE OF DEATH (Ch						\exists	
○大きを	ву РНУ	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		b. TIME OF INJURY	28c. INJU	URY AT			NJURY OCCUI	RED			
ISIC TTEND TOR: A after d	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Flural Route Number, City or Town, State)						
	COMPL	one) 2 MEDICAL EXAMINE										d menner as stated.		
THE F	TO BE	2012 SIGNATURE AND STILL OF CERTIFIEF					29c. LICENSE NUN	46	1		. LS	nth, Day, Year)		
5		30. NAME AND ADDRESS OF PERSON WH RICHARD BOWN 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF STREET STREET	505 H	1 .	Bay	urus.	Bald	MO	JZI	274			
	1	DEC 18 1992	Julia Davido	ar-Mandel	Ł							DHMH-16 Rev		

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFI	CATE	OF	DEATH		REG. NO				
- 3	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	OF DEATH			3. TIME OF DEATH	
- 4	William Herman			Kruc	, :	īr.	1, 2		AY	1992	4:17	<i>7</i> ₩
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. las		IF UNDER 1		IF UNDER 24 HRS.	7. DATE O	F BIRTH		8. BIRTH	IPLACE (State or Fore	
	213-34-0980 1-M 21	□ ₹ 56	YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year; 2-193	6	Countr	Y) ARYLAND	
	9a. FACILITY NAME (If not institution, give street and number			9b. CITY, 1	TOWN C	R LOCATION OF DE		2 1/5		JNTY OF D		
DIRECTOR	Harbor Hospital Cer	nter		Е	Bal	timore			N,	/A		
S I	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR	LOCAT	ION	10d. INSIDE CI					
뚬	MARYLAND BALTIMOR	E CITY			N	/Δ					LIMITS?	
	10e. STREET AND NUMBER	D CIII			-	ZIP CODE			10g. CI1	TIZEN OF V	WHAT COUNTRY?	
ER.	2831 INDIANA STREET				2	21230-311	L9		Ţ	U.S.A	۸.	
BY FUNERAL	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. AR 17 1 YES 2 (1) GIVE WAR OR DATES	MED 10	H	yes, sp	ENDENT OF HISPAN acity Cuban, Mexica 2 X NO Specify	n, Puerto Ri	(Specify Yellican, etc.)	or No-	Bleci	E — American Indian k, White, etc. Hy: WHITE	,
	15. DECEDENT'S EDUCATION	16a DF	CEDENT'S	USUAL OCC	LIPATIC	M	165	KIND OF BU	CIMECO /IN	DUCTOV		_
ETED	(Specify only highest grade completed)	(G	ive kind of w Do NOT use	vork done du	ring mo	st of working	100.	KIND OF BU	SINE SS/IN	DUSTRY		
2	Elementary/Secondary (0-12) College (1-12) NONE		JPERV	TSOR			1 11	.S. G	VDCIII	v CO		
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 50)I LIIV	IDOI		16. MOTHER'S NA				.1 00.		
	WILLIAM H. KRUG, SR.					ANNA		INSKY	Garrianto			
BE	19a, INFORMANT'S NAME (Type/Print)	190	b. MAILING	ADDRESS (Street a	nd Number or Rural I			n Stata Z	in Code)		
2	FRANCES L. PALL										MD. 212	30
	20s. METHOD OF DISPOSITION	20h PLACE						20c. LO				30
	↑ SyBurial 2 □ Cremation 3 □ Removal from St 4 □ Donation 5 □ Other (Specify)	nte cemetery, cre	matory or oti	her place)		AL PARK	110/	o 4			E, MD. 2	1066
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	GILIN	HAVE.	22. N/	AME AN	ID ADDRESS OF FA	CILITY C	TNGT E	TON 1		RAL HOME,	1000
	▶ leffy Nelson Z	umbun		1.	SEC	COND AVE.	, S.	W.,GL	EN BU	JRNIE	CAL HOME,	1
	23. PART I. Enter the diseases, or compilcation	ns that caused the de	ath. Do n	ot enter t	he mo	da of dying, suc	h as cardi	ac or resp	iratory a	rrest,	Approximat	
- 1	immediate cause (Final			1							interval Bet Onset and	
	disease or condition	HE TO (OR AS A CONSE	2 1	Art	7	selact.	- C	The	Mon		_	
	resulting in death)	HE TO (OR AS A CONSE	DUENCE OF	three	N OC	SCHOOL		130 11	000	-		
z									(A)	Sea	50	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	UE TO (OR AS A CONSEC	DUENCE OF	7):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury										ļ	
E	that initiated events	UE TO (OR AS A CONSE	DUENCE OF	7:								
	resulting In death) LAST											
2	PART II. Other algnificant conditions contribut	ing to death but not r	esulting l	n the und	erlylno	cause alven in	Part I	24s. WAS AN	AUTOREV	246	. WERE AUTOPSY FINI	NAICE.
DICAL		g to count out not i	counting i	ii ale alle	citying	y cause given in	rait i.	PERFO	RMED?	240	AVAILABLE PRIOR TO	
							-	1 TYES 2	200		OF DEATH?	OOL
2							-				1 TYES 2 NO)
AN	25. WAS CASE REFERRED TO MEDICAL				26 DI	ACE OF ACATH (C)						-
PHYSICIAN:	EXAMINER? HOSPITA			OTHER:		ACE OF OEATH (Ch					· -	
¥		nt 2 EXER/Outpatient 3	28b. TIME		esc. INJ	e 5 Residenca		(Specify)	N HIRV O	CHIDED		
	1 Natural 5 Pending (M	lonth, Day, Year)	INJ	URY	WO	RK?	200. DES	JAIDE HOW	MJOHT OC	CONED		
B	2 Accident investigation 3 Suicide Could not be 28e. Pl	ACE OF INJURY At ho	me farm e	treet factor			284 LOCA	TION (Street	and Museuba	ne ne Orumi i	Poute Number,	-
	4 Homicide a Could not be	illding, etc. (Specify)			y, 011101	١ ١	City o	r Town, State))	or or nurer r	Todie William,	
<u>u</u>	29e. CERTIFIER			_	_							
P P	(Check only 1 CERTIFYING PHYSICIAN: To the											
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER	\.				29c. LICENSE NUN	MER		29d. DX	TE SIGNED	(Month, Day, Year)	
6	NV CON X	1				0.C.	M.E.		•	12	17 1992	7 11
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH (ITE	М 27) (Туре,	Print)			- Andread State of St					
	TTMUIXON	1	11 P	enn	Sti	ceet. B	alti	more	. Ma	rv1	and 21	201
	31. DATE FILED (Movin, Day, New) 32. AE	STRANG SHANNING	i.			The state of the s			- Audin		Total Control	
	DEC 1 8 1992		3									

TOTAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TOTAL ENTERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INDORFRANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO RE COMPLETED BY FUNERAL DIRECTOR #GBFTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 MFORTANT: II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DEC 18 1992

FOR										92	2 3	5520	
1 STA	TE ISTRAR		STATE OF I	WARYLAND	DEPARTI	MENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN REG. NO.	E			
	NT'S NAME (First	t, Middle, Last)		1/	LITTIII	AIL O	DLAIN	2. DATE	OF DEATH		3	TIME OF DEATH	
G	ERARD	JOSEF	PH	K	005	0	C: 40 P.W.						
4. SOCIAL	SECURITY NUM	BER	5. SEX	B. AGE (In yrs. Is		F UNDER 1 YEAR		7. DATE	OF BIRTH	18		ACE (State or Foreign	
N	ZA		1 ∑ ∑M 2 □ F	0	YRS.	ONTHS DAYS	HOURS MIN.	(Mont	(Month, Day, Near) 92 Country) MAD			YLAND	
9a. FACILI	TY NAME (If not in	nstitution, give s	reet and number)		9	b. CITY, TOW	N OR LOCATION OF D	EATH	2-10	9c. COUNT			
	AGNES		TAL]	BALTIMORE							
RESIDENCE OF DECEDENT													
MD	•	BALTI			1.0		1.0	Id. INSIDE CITY					
	ET AND NUMBER		TORE		CA	ronsv						YES 2 NO	
5535			СХРТИ				10f. ZIP CODE	1 2 2 0			EN OF WH	AT COUNTRY?	
ZIZZO USA													
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2/ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE—Black, V Specify:								WHITE					
		EDENT'S EDUC		16a. D	ECEDENT'S US	UAL OCCUPA	TION most of working	168	. KINO OF BUS	SINESS/INDU	STRY		
Elemen	stery/Secondary (College (1-4 or 5		e. Do NOT use n	etired.)	inosi or working						
_	NEVER WORKED												
	17. FATHER'S NAME (First, Middle, Last) BRIAN K. KRUSE 18. MOTHER'S NAME (First, Middle, Maiden Surname) LINDA A. MAYR												
19a. INFOF	19a. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
LIND	LINDA A. KRUSE 5535 S. MEDWICK GARTH CATONSVILLE MD.21228												
1 M Burla	OD OF DISPOSIT	on 3 🗆 Reme	oval from State	20b. PLACE	AND DATE OF I	DISPOSITION	Name of	DAT	F 20c. LO	CATION — CH			
	URE OF FUNERA		tuer	NEW (CATHEL		CEMETER		BA	LTIM	ORE,	MARYLANI	
/	ONE OF FOREIG	A //	more of	/			AND ADDRESS OF F						
•	there	ed [-KAO	42								ondson av	
23. PART	I. Enter the d	liseases, or c	omplications the	t caused the d	leath. Do not	enter the r	node of dying, suc	ch aa can	diac or reapi	ratory arrea	nt,	Approximata interval Between	
	TE CAUSE (Fi		در در	,								Onset and Death	
	or condition	→ ,	EXT	remo		PCEM	ATUR.T	4					
			DUE TO	(OR AS A CONSI	EQUENCE OF):		7						
Sequenti	ially list condit	tions.	b										
If any, ie	ading to imme	diate	DUE TO	(OR AS A CONSI	EUUENCE OF):								
CAUSE (Disease or inju		DUE TO	(OR AS A CONSE	FOLIENCE OF:								
	ated events in death) LAS			(OII AO A CONSI	EGOLITCE OF).							i I	
			d								-20-		
PART II.	Other significa	ent condition	s contributing to	death but not	resulting in	the underly	Ing cause given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
1									1 YES 2	1	0	OMPLETION OF CAUSE F DEATH?	
									· ·			YES 2 NO	
1													
25. WAS CA	ASE REFERRED T	O MEDICAL	11000				PLACE OF DEATH (C	heck only o	ne)				
1 Y			HOSPITAL:	ER/Outpatient		THER:	ome 5 🗆 Residence	6 🗆 Othe	er (Specify)				
	R OF DEATH		28a. DATE OF (Month, E		28b. TIME C	0F 28c, I	NJURY AT		SCRIBE HOW II	NJURY OCCU	IRED		
1 X N		Pending Investigation	(111041111)	_,,	13001		YES 2 NO						
3 S4	sicide 6	Could not be determined	28a. PLACE C building,	OF INJURY — At h atc. (Specify)	ome, farm, stre	et, factory, of	fice	281. LOC City	ATION (Street a or Town, State)	and Number or	Rurel Rou	te Number,	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	AND APPROXIMENT OF THE PARTY OF
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		1 - STATE REGISTRAR		STATE OF I	MARYLA	AND / DEPAI CERTIF					MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Midd		Bolesla	awa /	Kabzin	ski	K	ン		2. DATE OF DEATH MONTH	E	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (I	r yrs. test billieday) VRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTIN (Month, Day, Year) Sep. 23,1	007	Country)	NCE (State or Foreign
pino		459-50-5395 So. FACILITY NAME (If not institute		7 7 7	7	/ 100	9h. CITY	TOWN C	OR LOCATI	ON OF DE		V	Pola	
2, 3 should	e o	Harbor Hospi		,	r.				imo			3	-	п
es 1, 2	DIRECTOR	RESIDENCE OF DECEDI	COUNTY			10c. CI	Y. TOWN	OR LOCAT	TION				L	d. INSIDE CITY
r. Page	DIR	Maryland		-			alti							LIMITS?
physician. burial-transit permit. Pages 1,	3AL	10e. STREET AND NUMBER						101	f. ZIP COD				TIZEN OF WHA	
ian. transit	FUNERAL	212 S. Ann S								231			oland	
	B⊀	1 Never Married 2 Marri 3 Widowed 4 Divorced		FORCES? 1 IF YES, GIVE V	YES	2 TNO		If yes, sp		ın, Mexica	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	14. RACE — Black, W Specify: Whit	American Indian, Thite, etc.
use as	TED	15. DECEDEN (Specify only high				16a. DECEDENT'S	work done	CCUPATIO	ON ost of world	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
5 should be detached for use as the notified at once.	COMPLET	Elementary/Secondary (0-12)		College (1-4 or 5	+)	Nurse	se retired.)				Nursin		ome	
be det	- 8	17. FATHER'S NAME (First, Middle, Roman Wegne									ME (First, Middle, Maider Zakrzews	- '		
5 should notified) BE	19a. INFORMANT'S NAME (Type/Pr				19b. MAJLING	ADDRES	S (Street a			Route Number, City or Tox		(ip Code)	
2 8 6	5	Kazimierz Ka	bzin	ski		212	S. A	nn S	St. 1	Balt	o. Md. 21	231		
rector, pa	1	20a. METHOD OF DISPOSITION 1 Donation 5 Other (Special Control Contro		al from State	20b. ceme S	PLACE AND DATE etary, crematory or C. Stani	of DISPOS other place) SIAU	S Ce	emet	ery	DATE 20c. LG	time	city or Town,	ryland
24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.	į	21. SIGNATURE OF FUNERAL SER George A	a.u	r & Son	See!)	22. G	eor &	ge A	ss of FA	ber & Son Balto.	s Ir	ic.	
d in by th or remova		23. PART I. Enter the disease shock, or heart	es, Dr cpr	nplications the	t caused	the death. Do		-						Approximate
# E C 60		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	5	tap	hylo.	سردر	Q °	Sep	515				Interval Between Onset and Death
8 5 3	_					CONSEQUENCE C	F):							
	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	6.			CONSEQUENCE O	NF):							
the attending physician of Mental Hygiene prior to Injury, or other traun	TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
ental H			d											
ed by	MEDICAL	PART II. Other eignificent of	I.	1		atory		derlying		given in	Part i. 24a. WAS AI PERFO	RMED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
has be Dept.	AN	25. WAS CASE REFERRED TO ME	near T					437.00						
State I	SICIAN:	EXAMINER?	F	105PITAL:	FR/Outpu	ttlent 3 🗆 DOA	OTHE	R:	100		6 Cher (Specify)			
fer this certificate sath with the State marked, or Item	ВУ РНУ	27. MANNEB OF DEATN 1 Natural 5 Pendi 2 Accident Invest		28a. DATE OF (Month, D	INJURY	28b. TI		28c. INJ WO			28d. DESCRIBE NOW	INJURY O	CCURED	
TOR: A after de 28 Is	ETED B	3 Suicide 8 Could 4 Homicide determ	not be	28e. PLACE O building,	F INJURY atc. (Speci	— Al home, ferm,	street, fac	tory, offic			281. LOCATION (Street City or Town, State	and Numbe	er or Rural Rout	e Number,
CARRAL DIRECTOR A MANAGEMENT TO HOURS	COMPLE	one)									to the cause(a) and me time, date and place, a			id manner as stated,
PO-	TO BE	296. SIGNATURE AND TITLE OF C		llén,	M.) .			29c. LIC	ENSE NUN	IBER	29d. DA	TE SIGNED IM	onth, Day, Your)
		30. NAME AND ADDRESS OF PER	iller	OMPLETED CAU	SE OF DEA			t, 6	BALTO	ME	. 21225			
		31. DATE FILED (Month, Day, Year) UEC 18 1992	a.	32. REGISTRA										

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the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should	J Mental Hygiene prior to burial, cremation, or removal.	misson or other transmission and an analysis are mission as an expension of an analysis of the second of the secon
th certificate be	ending physicia	Il Hygiene prior	or other train
hat the dea	d by the at	and Ment	and interest
requires t	been signer	of Health	chowe 2
: The law	cate has t	State Dept	itam 22
HYSICIAN	his bertific	with the 5	bank or
NDING P	R. Attac 3	r death i	on 28 is marked or
OR ATTE	DIRECTOR	Yours after	Same 28
y	-	es.	i

	1 - STATE REGISTRAR		PARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	2 35522
	DECEDENT'S NAME (First, Middle, Lest) LAURA	LAYTON		2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthe		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign
	5 19-07-8784 9a. FACILITY NAME (If not institution, give str	1 M 2 X F Q . YF		6-15-11	Virginia
E I	Deaton Hosp	Specialty Cente	BOHO CAH	EATH 9c. COI	UNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10d. INSIDE CITY
	Mayland	1	CITY, TOWN OR LOCATION		LIMITS?
FUNERAL	10e. STREET AND NUMBER	Charles St	10f. ZIP CODE 24 2	30 log C	TIZEN OF WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 Specify		14. RACE — American Indian, Black, White, atc. Spegfly: Black
TEO	15. DECEDENT'S EDUCA (Specify only highest grade of	completed) (Give kin	NT'S USUAL OCCUPATION d of work done during most of working OT use retired.)	16b. KIND OF BUSINESS/IN	IDUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Beautician	- '	
BE CO	17. FATHER'S NAME (First, Middle, Last)	Powell	18, MOTHER'S NA	ME (First, Middle, Maiden Surname)	nten
<u>ء</u>	198. INFORMANT'S NAME (Type/Print)	ds 7. H. 55	LINO ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Z	(ip Code)
	20a. METHOD OF DISPOSITION 1 Surial 2 Commention 3 Remon	20b. PLACE AND D. cometery, cremetory	ATE OF DISPOSITION (Name of	DATE 20c, LOCATION -	- City or Town, Slata
	21. SIGNATURE OF FUNEBAL SERVICE LICE	1 - macigo	22. NAME AND ADDRESS OF FA	SHAPE	e, va
	V Nonder	Stoller	Salwon C. Har	h F.H./III	S. Marth Aus
	23. PART I Enter the diseases, or co	reclications that games the death.	Do not enter the mode of dying, suc	h as cardiac or respiratory a	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Colon Car	ncer meto	estatic	interval Between Onset and Deeth
_		DUE TO (OR AS A CONSEQUENCE	unc Hiluman	-d Liver	17 mos.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	DE OF):		
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	CE OF):		
EH	resulting in death) LAST				
CAL	PART ii. Other significent conditions	1 1 ·			24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	Accubitus	nainvivition	, Septiceinia	1 TYES 2 DHO	COMPLETION OF CAUSE OF DEATH?
Σ N	9(00) (05	·			1 TYES 2 TYNO
PHYSICIAN: MED		HOSPITAL:	26. PLACE OF DEATH (Ch	eck only one)	
HYS	1 U YES 2 NO 27. MANNER OF DEATH	1 Shipatient 2 ER/Outpatient 3 DC 28a. DATE OF INJURY 28b	. TIME OF 28c, INJURY AT	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY OF	CCURED
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 YES 2 NO		
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, fa building, etc. (Specify)	rm, atreel, factory, offica	281. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
COMPLETED			coursed at the lime, data and place, and dua igation, in my opinion, death occured at the		
BE	296. SIGNATURE AND TITLE OF CERTIFIER AUGUST Q. S.	chelly to	29c. LICENSE NUM	#BER 29d. DA	TE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO RUSSELL A SCI	COMPLETED CAUSE OF DEATH (ITEM 27)	m A / A	r Ballino	m& 2/230
	DEC 1.8 1992 g	32. REGISTRAR'S SIGNATURE			

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the mediçal examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	LA CE (SOPE	ττ Δ	T.7	CEY	2. DATE OF			3. TIME OF DEATH
	SOPHIA	LACEY	1111		.021	MONTH 12	DAY	YEAR 92	9000
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)				* /	-	HPLACE (State or Foreign
		and the second second		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da	y, Ybar)	Count	ry)
	214-74-9064	1 DM 2 DUF 9	YRS.			5-10	-98	VIR	2GINIA
	9e. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TOWN	OR LOCATION OF DE	EATH	9c. C	OUNTY OF D	DEATH
Œ	MERIDIAN CROMG	DFLC	ľ	BALTIMORE BALTIMORE					
임	RESIDENCE OF DECEDENT			10/17	11.10/20			F . /	
DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCA	TION				10d, INSIDE CITY
E	mo	ALTIMORE		RAI	TIMORE				LIMITS?
		40/1/00/00							1 TYES 2 NO
₹	10. STREET AND NUMBER			10	of, ZIP CODE	. /	10g. 0		WHAT COUNTRY?
6	8710 EMGE =	51.			2123	4		U	5/4
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			CENDENT OF HISPAN			- 14. RAC	E — American Indian,
	1 Never Merried 2 Married	FORCES? 1 YES			pecify Cuben, Mexica S 2 KNO Specify		n, etc.)	Spec	k, White, etc.
B≼	3 K Widowed 4 Divorced	W TES, GIVE WAN ON DI	1123	10,10	3 2 Maro apoch	у.		Spec	BURCIC
0	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	JSUAL OCCUPAT	ION	16b. KIN	ID OF BUSINESS	INDUSTRY	
E	(Specify only highest grade of	completed)	(Give kind of w	ork done during n	ost of working	1000 1000			
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)							
E	Uthgrade		NOT CI	2LE D					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			0)	
BE (not available	L			net o	evail	able		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural			Zip Code)	
2	Meridian Come	11 N.12 C.L	8710	Einer	Rd 1	301+	mod	1224	(
						1600	T		
	20a. METHOD OF DISPOSITION 1	oval from State	 PLACE OF DISPOS other place) 	ITION (Name of c	emetery, crematory or		20c. LOCATION	— City or T	own, State
	4 Donation 5 Other (Specify) in								
	21. SIGNATURE OF FUNERAL SERVICE LICE	PRE Ronald W	Made, Dir	22. NAME	AND ADDRESS OF FA	WILITY St	ate Ana	tomy 1	Board
-	11111	111			.Baltimor	eSt. Ba	1to.MD	21201	
	Janary/10 M	ull -	12, 1,, 50			000,00			
	23. PART I. Enter the diseases, or c			ot enter the m	ode of dying, suc	h aa cardlac	or reapiretory	arreat,	Approximate
-	ahock, or heert fellure. I	List only one cause on e	ech line.						Interval Batween
	IMMEDIATE CAUSE (Finel							-	
	disease or condition	As Joh.	- 00 7	- /:		Arton	- X	40.4.	Onset and Death
	disease or condition resulting in death)	Arteri	scleval	Te Con	Trary (arter	y De	rear	
		DUE TO (OR AS A	CONSEQUENCE OF	ie (in	Trary !	arter	y De	seas	
NO	resulting In death)	s	24.19 70.20		Trary (arter	y De	seas	
TION		s	A CONSEQUENCE OF		Trang (arter	y De	seas	
CATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	s	24.19 70.20		Trary (arter	y De	rear	
IFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A	24.19 70.20):	Trary (arter	y De	seas	
RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):	Trary (arter	y De	seas	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	Trary (arter	y De	reas	
	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):			a. WAS AN AUTOP		b. WERE AUTOPSY FINDINGS
	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		Part I. 24	a. WAS AN AUTOP PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST PART II. Other algnificant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A S. CONTRIBUTING to death b TO END END TO END TO END TO END	Dut not resulting I Patient 3 DOA 28b. TIM INJ (— At home, farm, a city) on and/or investigation EATH (ITEM 27) (Types,	28. OTHER: 4 Nursing He E OF 28c. II HRY M 1 intreet, factory, off	PLACE OF DEATH (CI time 5 Residence NJURY AT YORK? 1 NO tica 1 Residence NO tica 1 Residence NO tica 2 NO tica 2 NO tica 2 NO tica 3 NO tica 4 NO tica 5 Residence NO tica 6 NO tica 7 NO tica 8 NO tica 8 NO tica 8 NO tica 9 NO tica 1 NO tica	Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AUTOP PERFORMED? YES 2 NC Decity) BE HOW INJURY ON (Street end Nur own, State) a) end menner as d place, end due 29d.	OCCURED OCCURED stated. to the cause DATE SIGNE	b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions 1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A S. CONTRIBUTING to death b TO END END TO END TO END TO END	patient 3 DOA 28b. TIMI INJ CHYDROG death occurrent and/or investigation EATH (ITEM 27) (Type, O Y HOV	28. OTHER: 4 Nursing He E OF 28c. II URY 1 intrest, factory, off	PLACE OF DEATH (CI time 5 Residence NJURY AT YORK? 1 NO tica 1 Residence NO tica 1 Residence NO tica 2 NO tica 2 NO tica 2 NO tica 3 NO tica 4 NO tica 5 Residence NO tica 6 NO tica 7 NO tica 8 NO tica 8 NO tica 8 NO tica 9 NO tica 1 NO tica	Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AUTOP PERFORMED? YES 2 NO NO PECIFY) IBE HOW INJURY OWN, State) A) and menner as d place, and due 29d.	OCCURED OCCURED stated. to the cause DATE SIGNE	b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions. Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions	DUE TO (OR AS A DUE TO (OR AS A B. DUE TO (O	Dut not resulting I patient 3 DOA 28b. TIMI INJ (28. OTHER: 4 Nursing He E OF 28c. II URY 1 intrest, factory, off	PLACE OF DEATH (CI time 5 Residence NJURY AT YORK? 1 NO tica 1 Residence NO tica 1 Residence NO tica 2 NO tica 2 NO tica 2 NO tica 3 NO tica 4 NO tica 5 Residence NO tica 6 NO tica 7 NO tica 8 NO tica 8 NO tica 8 NO tica 9 NO tica 1 NO tica	Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AUTOP PERFORMED? YES 2 NO NO PECIFY) IBE HOW INJURY OWN, State) A) and menner as d place, and due 29d.	OCCURED OCCURED stated. to the cause DATE SIGNE	b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and manner as stated.

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d Gullo	the b	
arren	use as	
(a)	1 for	
e nosb	etached	
5	be d	
etained by the nospital of attending	ompletely filled in by the funeral director, page 5 should be detached	
90	1ge 5	
Hay	Dr. ps	
age o	direct	
uted within 24 hours after beath, rage o may be re	funeral	
	by the	Moval
2000	U. P	or re
67	fille	100
WILLIAM	npletely	irial, cremation, or removal
DI DI	00	inal,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH			3. TIME OF DEATH	
	Alvina	Florence	2	Lobos					MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. le		IF UNDER	YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH	,	1 4-1	PLACE (State or Foreign	
	217-16-6083	1 🗆 M 2 🔀 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dark Year) 4-13-192	2	Country	Maryland	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN	OR LOCATIO	N OF DE			NTY OF DI		
5	Francis Scott Ke	y Medical	Cente	r		Bal	Etimor	e C	itu				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			-									
DIRECTOR	Maryland	Baltimor	40	10C. CI	Dundalk						10d. INSIDE CITY LIMITS? 1 YES 2XXNO		
	10e. STREET AND NUMBER	Baccono	ie		101. ZIP CODE 10g, CITIZEN OF N					IZEN OF W			
EH/	7232 German Hil	L Road						212					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2X	RMED (NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — A. Black, White the specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If the RACE — A. Black, White the specify: 16. RACE — A. Black, White the specify:						- American Indian, White, atc.		
ED	15. DECEDENT'S ED	JCATION is completed	16a, D	ECEDENT'S	CEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iii	Give kind of work done during most of working in. Do NOT use retired.)									
MP	12th Grade			Cos	Cosmetologist Self Employed						yea		
	17. FATHER'S NAME (First, Middle, Last) Herman Sommer			18. MOTHER'S NAME (First, Middle, Maldon Surname) Margaret M. Wisniewski									
BE	Herman Sommer	۸	4	Oh MAII IM	ADDRESS	/Strant	_		loute Number, City or Tow				
2	TO SAN TEST THE SANTANES OF					46							
	Charlotte Varano 2021 Trumbouer Road Lansdale, PA 19446 209 METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of DATE 200. LOCATION — City or Town,											wn, Stata	
	1 Donation 5 Other (Specify)	noval from State						12	/17/92 Ba				
21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY													
	Duda-Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk Maryland												
CERTIFICATION	disease or condition resulting in death) a. End Stage Alzheimer's Disease DUE TO (DR AS A CONSEDUENCE OF):												
	PART II. Other algoriticant condition	na contributing to de	eath but not	resulting	in the un	tortule	20.00.00.00	luna la l	Boot I Car Magan	ALCTORON			
N: MEDICAL		- Dut Hot	. owenting	are un	- octyst	ng vause gi	ven m	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTO-AMAILABLE COMPLETION OF DEATH? 1 YES:					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						PLACE OF DE	ATH (Che	ock only one)				
SIC	1 YES 2 NO	HOSPITAL:	R/Outpatient	3 DOA	OTHER 4 Nurs		me 5 🗆 Res	Idence	6 Other (Specify)				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Morith, Day,	Ybar)		ME OF JURY M	28c. IN W 1	IJURY AT YORK? YES 2 [28d. DESCRIBE HOW I	NJURY OC	CURED		
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF a building, etc.	INJURY — At h c. (Specify)	ome, farm,	street, facto	ry, offi	lea		28f. LOCATION (Street a City or Town, State)	and Number	r or Rural R	loute Number,	
COMPL	one)	BICIAN: To the best of m) and menner as atet	
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month), Day, Year)												
	Nancy Bailow 31. DATE FILED YMORTH, Day, Year)		Fra		-	ot-	t Ke	4/	Medical	Ce	nte	<u></u>	
	DEC 1 8 1992	La L		and									
- 4													

OHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last) Ann McArthur 12 15 92 YEAR 3. TIM										3. TIME OF DEATH			
	4. SOCIAL SECURITY NUME	SER	5. SEX	8. AGE (In yr.	s. lest birthdey)		R 1 YEAR	IF UNDER	24 HRS. MIN.	7, DATE OF (Month, De			8. BIRTH Count	IPLACE (State or Foreign y)
TOR	90. FACILITY NAME (If not in 4822 Ham).	ilton					v, TOWN	OR LOCATE	ON OF DE				NTY OF D	
DIRECTOR	100. STATE Md .	10b. COUNTY	,				or Locat							104. INSIDE CITY LIMITS? X4 X YES 2 NO
FUNERAL		ilton					101	212				10g. CIT	USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 SWidowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2	MNO	13.	If yes, sp	ENDENT Cocify Cube	n, Mexica	IC ORIGIN? (S n, Puerto Rica 7	pecify Yes n, etc.)	or No-	14. RACI Black BISDEC	E — American Indian, k, White, etc.
COMPLETED	15. DEC (Specify onl) Elementary/Secondary (6	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5 -		Give kind of life. Do NOT u	work done se retired.)	during mo		g		OSD:			alth
BE CON	17. FATHER'S NAME (First, M Joseph						Ann	ME (First, Middl 1e	la, Maiden	sumame) Spe1	ler			
5	190. INFORMANT'S NAME (7) Stanley To		210)1 B	ela:	ir R		Balt	.0.,	Md.	21			
	Buriel 2 Crematic 4 Donation 5 Other 21, SIGNA The OF FUNERA	n 3 🗆 Remo (Specify)		Wes	CE AND DATE	Sta	r		SO OF FA	12/1	9 1			
	Jame	va.	more			1	701	Lau	ren		, Ba	alto		Md.21217
	23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only Dna cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
NOIL	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in death) LAS	ng ry	DUE TO	(OR AS A COP	A CONSEQUENCE OF):									
	PART II. Other aignifice		s contributing to	death but n	ot resulting	in tha u	nderlying	cause o	lven in i	Part I. 24	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
: MEDICAL											PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
	<u> </u>	Pending	1 Inpetient 2 28s. DATE OF (Month, D.	INJURY	28b. TIN	_	28c. INJ WO	_		8 Other (Sp 28d. OESCRII		JURY OC	CUREO	
TED BY	3 Suicide 6	nvestigation Could not be determined	28e. PLACE O building,	F INJURY — A etc. (Specify)	I home, term,	stree1, fac				281. LOCATIO City or To	N (Street e wn, State)	nd Number	or Rural F	loute Number,
COMPLETED			CIAN: To the beat of R: On the basis of so) and manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE SMULLOFT 30. NAME AND ADDRESS OF	where	sen	SE OF DEATH	UZFALAD (Z.	21.0		29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
						, PTINT)								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 18 1992 Sulia Sulidson Rondon OHMH-18 Rev 1/89													

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1. 2. 3 should	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TAND-If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be executed	ling physician and com	ygiene prior to burial, o	other traumatic ev
equires that the death	an signed by the attend	of Health and Mental H	nows any injury, or
HYSICIAN: The law n	his certificate has been	with the State Dept. of	ted, or item 23 si
IL OR ATTENDING PI	L DIRECTOR: After th	Within 72 hours after death with	Item 28 is mark
HOSPITA	FUNERA	THE P	MANA

	1 - STATE REGISTRAR	STATE OF MARYLA	D / DEPARTM			MENTA	L HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	es Mi	ller			2. DATE		92				
~		1 🔀 M 2 🗆 F	74 YRS. MON	UNDER 1 YEAR ITHS DAYS CITY, TOWN OF	HOURS MIN.	1-1	OF BIRTH th, Day, Year) O-1918	8. B	IRTHPLACE (State or Foreign ountry) Outh Carolina			
CTO	Libertu Medical	Center			ore, Md							
DIRECTOR	10a. STATE 10b. COUNTY Md			timore	ON		10d, INSIDE CITY LIMITS? 1 XYES 2 NO					
RAL	10s. STREET AND NUMBER			10f.	ZIP CODE 2123	15		_	OF WHAT COUNTRY?			
BY FUNERAL	5205 Beaufort Av 11. MARITAL STATUS 1 Never Married 2 Married 3 ② Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 📉 NO	If yes, spe	NDENT OF HISPA	NIC ORIGI		r No- 14. F	RACE — American Indian, Black, Whita, etc. Specify:			
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION ompleted) College (1-4 or 5 +)	Ba. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos	t of worlding	164	b. KIND OF BUSIN	IESS/INDUSTF	BLACK W			
BE COM	17. FATHER'S NAME (First, Middle, Last) John Miller				18. MOTHER'S NA Addie		Middle, Meiden Su Sh	rname)				
10	19a. INFORMANT'S NAME (Type/Print) Geraldine Brigma	nn Miller	19b. MAJLINO ADD 5205 E		d Number or Rural t Ave 1			State, Zip Code 21215)			
	20a. METHOD OF DISPOSITION 1\(\) Burial 2 \(\) Cremation 3 \(\) Remote 4 \(\) Donation 5 \(\) Other (Specily) \(\) 21. SIGNATURE OF FUNERAL SERVICE LICE	rel from State cemete	ACE AND DATE OF DI rry, cremetory or other p g Memoria	Pk.	Cemeter			Balto				
	Negron Ed	grad Holy	Dyet	22. NAME AND	ADDRESS OF FA	1	les 17s	Balto	. Md. 21207			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardied or respiratory arrest, about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) DUE TO (OP-AS A FORSEOUENCE OF)											
CERTIFICATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions Conferm	contributing to death but heard hear	- 110		ceuse given in	Part I.	244. WAS AN AU PERFORMI 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA		HOSPITAL:	ОТ	26. PLA	CE OF DEATH (Ch	neck only o	ne)					
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpeti	28b. TIME OF		5 Residence	_	or (Specify) SCRIBE HOW INJU	URY OCCURE				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K? IS 2 NO							
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, street	t, fectory, office			CATION (Street and or Town, State)	Number or Ru	ral Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	PO	use Fficer		D-4	050	21	DATE SIGN	NED (Month) Day, Year)			
q	DR. OCHANEY			" LIB	ERTY.	ME	DIGAZ	CENT? E, MO	21215			
	DEC 1 8 1992	32. MEGISTHAR'S STORAT	DEO2	0								

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR		STATE OF I		D / DEPAR CERTIF					MENT	TAL HYGIEI	D.		35527	
	1. DECEDENT'S NAME (First,		MeNa	lly	ANN	Mc N	IAL]	ΣY			TE OF DEATH	12-	15-92 9 2 AR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 004 44 537	7	5. SEX	6. AGE (In yr	s. lest birthdey) YRS.	IF UNDER 1	YEAR DAYS	IF UNDE HOURS	R 24 HRS.		TE OF BIRTH Conth, Day, Year) 0 - 3 1	944	8. BIRTI Count Ma		
OB	Mercy Hos	9a. FACILITY NAME (# not institution, give street and number Mercy Hospital RESIDENCE OF DECEDENT					96. CITY, TOWN OR LOCATION OF DEB Baltimore				eath 9c. co			DUNTY OF DEATH	
DIRECTOR	10e. STATE	10b. COUNTY	ArundelCo	unty		y, town or								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER		rbour Way			<u> </u>	_	. ZIP COD	060				USA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S	□ NO	lf :	yes, sp	ENDENT	OF HISPAN	n, Puer	GIN? (Specify Yoto Rican, etc.)		_	E — American Indian, k, White, etc.	
COMPLETED		EDENT'S EDUC y highest grade 1-12)		+)	Give kind of life. Do NOT u	work done du se retired.)	ring mo	st of work	ing		Federa				
BE CON	17. FATHER'S NAME (First, M Elwell D.	Blac	ck					М	ildr	ed	st, Middle, Meide L. Alle	ey			
2	10s. INFORMANT'S NAME (7 Rebecca Lyn 20s. METHOD OF DISPOSIT	n McNa	illy		1109	Castl	RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) stle Harbour Way #1-C,GlenBurnie,MD 210								
	20a. METHOD OF DISPOSIT. 1	n 3 🗆 Rem		cemeter	ACE AND DATE y, crematory or c	other plece)			ESS OF FA				- City or Te		
	Much	116	Muce		17/92						State St,Bali			Board 01	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	a. S	EPS	ilne.		he mo	de of dy	ring, suc	h aa c	erdiac or res	piratory a	rrest,	Approximate Interval Between Onset and Deati	
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY														
- 1	PART II. Other algnifice	nt condition	es contributing to	death but	not resulting		-	1			. 24a, WAS A	WAS AN AUTOPSY 24b. WERE AUTOPSY AMAILABLE PRICE COMPLETION O			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF I	DEATH (Ch	eck only	y one)			1 - YES 20 NO	
PHTSI	1 WES 25 NO 27. MANNER OF DEATH	Pending	26a. DATE OF (Month, D	INJURY	28b. T/A		8c. INJ WC	URY AT			Ther (Specify) DESCRIBE HOW	INJURY O	CCURED		
LED BY	2 Accident 3 Suicide 6 4 Homicide	At home, farm,	street, factor		YES 2 (_ NO	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,				
3 Success 4 Homicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(a) and manner as									a) end manner as stated.						
Z L	296. SIGNATURE AND LITLE		-	won	in m	h		_	ENSE NUI	-		-		(Month Dev Year)	
2	30. HAME AND ADDRESS OF	PERSON WH			(ITEM 27) (Type	(Asint)							1	1	
	31. DATE FILEO (Month, Day,		32 SECIETRA	RIG SIGNATU	RE										

Sybra 8 2 130

BALTIMORE, MARYLAND 21215-0020

SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit page 4 2 a should	lygiene prior to burial, cremation, or removal,	MNT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
incare be executed with	physician and complet	ane prior to burial, cren	her traumatic event	
lires that the death cer	signed by the attending	tealth and Mental Hygi	ws any injury, or of	
IYSICIAN: The law requ	is certificate has been	ith the State Dept. of	ed, or item 23 sho	
IL UM ALIENDING PR	L DIRECTOR: After thi	2 hours after death w	t item 28 is marke	
N N	FUNERA	offin 72	NAT:	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPART	MENT OF H	EALTH AND	MENT	AL HYGIEN	E 92		13320		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DA	E OF DEATH			3. TIME OF DEATH		
	Lila McC	OV Lila L	eona l	McCoy		MOI	TH 12 M		YEAR 92	1220 04		
			. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		BURTHE	LACE (State or Foreign		
		□ M 2★ F 94	YRS.	MONTHS DAYS	HOURS MIN.	06-	-02-18	98	Chui	chton, MD		
O.	9s. FACILITY NAME (If not institution, give stree				OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	ATH		
DIRECTOR	Anne Arundel Me	dical Cente	r	Annap	olis			Anne) A1	cundel		
3EC	10s. STATE 10b. COUNTY	7 7 - 1	10c. CITY,	TOWH OR LOCAT	TION				Т	10d, INSIDE CITY		
	Anne A	Arundel	Ani	napoli	S					LIMITS?		
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZI	N OF W	HAT COUNTRY?		
NEF	130 Hearne Road		21401					USA	A			
	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPA	NIC ORIG	ilN? (Specify Yes o Rican, atc.)	or No- 1	4. RACE Black,	- American Indian, White, etc.		
BY	3∑∑Widowed 4 □ Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif				Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 18s.	DECEDENT'S U	SUAL OCCUPATION	ON	10	Sb. KIND OF BUS	INESS/INDU	STRY			
9		College (1-4 or 5+)		ork done during mo retired.)	st of working							
₽		Н	ousew	ife	Н.				rer			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA							
BE	John Louis Phip 190. INFORMANT'S NAME (Type/Print)	os	404 2444 440				ginia		pps	5		
2	Dorothy H. Smit	h	19b. MAILING A	ADDRESS (Street a	nd Number or Rural Gales	Noute Nu	nber, City or Town. 1 e , MI	State, Zip C	ode)			
	20s. METHOD OF DISPOSITION	20b.PLA(CEANDDATEO	DISPOSITION (Na				ATION — CI	Town	- 0		
	1 Donation 5 Other (Specify)	I Irom Stats cemetery.	crematory or other			1	1	esvil				
- 1	21. SIGNATURE OF EUNERAL SERVICE LICENS	59E//		22. NAME AN	ID ADDRESS OF FA							
	Date of Wel	11			esty Fu							
	23. PART i. Enter the diseases, or com	plications that caused tha	death. Do no	t anter tha mo	idgely da of dying, auc	h aa ca	rdiac or reapir	atory arres	r.	Approximate		
	interval Batween IMMEDIATE CAUSE (Final Onset and Dagst)											
	disease or condition resulting in death)	C'ARDIO PI	ulmo	nory	ARRE	ST						
		DUE TO (OR AS A CON	SEOUENCE OF):									
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)											
AT	if any, leading to immediata cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST									!		
	PART II. Other significant conditions c	Dotributing to death but or	t resulting in	the underlying	acusa shasa Is	Do-A I						
CAL	Whenver tra		10n	tha underlying	cause given in	Part I.	24a, WAS AN A PERFORM	AED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE		
	SPNOND DIOC	Follita IN	1	ence		_	1 TYES 27	NO		OF DEATH?		
2	dianvin toxio	the in	- win	MUC					1	TYES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	ny		26. PL	ACE OF DEATH (Ch	nck only o	nne)					
) S	EXAMINER?	OSPITAL: Inpatient 2 - ER/Outpatient		OTHER:	5 🗆 Rasidence							
됩	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJE	JRY AT	_	SCRIBE HOW IN	JURY OCCU	RED			
à	1 Natural 5 Pending 2 Accident Investigation	100,000	77.0		ES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At building, atc. (Specify)	home, Isrm, str	eet, lactory, office		281. LO City	CATION (Street ar	d Number or	Rural Ros	ite Number,		
Ē,	an organiza											
Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated.												
2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occured at the time, data and place, and dus to the cause(a) and manner as sta									and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	man n			290 LICENSE NUM	BER _	,			Aonth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (IT	TEM 277 /5 ^	riest)	Vaso	0/		> la				
	THOMASLIMSH 20	69 Penman	I FA	PM R	DAN A	101	nis M	100	101	2		
	31. DATE FILED (Month, Day, Year)	.32. MEGISTRAR'S SIGNATION	02	171110	711)	KIV		U. Z.	101	han		
	DEC 1 8 1992 2 20	a himager - North										

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last, MICHAS	EL MIKE	UCH			2. DATE OF DEATH MONTH		year 1050			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Mornth, Day, Year) 10-22-14	1	L BIRTHPLACE (State or Fore Country)			
	204-09-3820 9a. FACILITY NAME (If not institution, give	2111	78 YRS.	9h CITY TOW	N OR LOCATION OF DE			Pennsylvania Y OF DEATH			
DIRECTOR	Greater Laurel Be		pital	Lau		-AIN		nce Georges			
EG .	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY	10c, CITY	, TOWN OR LO	CATION			10d. INSIDE CITY			
E	Marvland Prin	ce Georges	Lau	rel				LIMITS?			
3AL	10e. STREET AND NUMBER				10f. ZIP CODE			EN OF WHAT COUNTRY?			
FUNERAL	919 Carroll Avenu		MILLS ADMED	1 40 1110 5	20707		USA				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 NOVES IF YES, GIVE WAR OR,	2 NO	If yes,	specify Cuben, Mexica ES 2) NO Specify		s or No— 1	4. RACE — American Indian Black, White, etc. Specify: White			
E	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	ork done during		16b. KIND OF BU	SINESS/INDU				
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	e retired.)		116 0					
COMPL	17. FATHER'S NAME (First, Middle, Last)	0	Food Ser	vice	18. MOTHER'S NA	ME (First, Middle, Meiden	Vernme	ent			
BE C	George Mikula				Anna Y		our remay				
TO B	19a. INFORMANT'S NAME (Type/Print)	1				Route Number, City or Tox	m, State, Zip C	Code)			
-	Kathleen M. Koppe				2, Pasadei						
	20a_METHOD OF DISPOSITION 1 \(\) Buriel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State	b. PLACE AND DATE O	TO SECTION	_{(Name of} a l Cemete:	1		ty or Town, State 1, Virginia			
	21. SIGNATURE OF FUNERAL SERVICE L		i i ingcon	22. NAME	AND ADDRESS OF FA	CILITY	riigtor	i, virginia			
5	► 1-0,000	to load of				Home, Inc.		MD_ 20707			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	ons contributing to death	but not resulting in	n the underly	ing ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FIN			
: MEDICAL		abele				1 TYES		MAILABLE PRIOR T COMPLETION OF CI OF DEATH? 1 YES 2 N			
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)	-	<u> </u>			
YSIC	EXAMINER?	HOSPITAL: 1 Tinpatient 2 ER/Out	Ipatient 3 DOA	OTHER: 4 Nursing H	ome 5 Residence	6 ☐ Other (Specify)					
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		INJI	M 1 [NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED			
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, term, si	treet, factory, o	fice	281, LOCATION (Street City or Town, State		r Rural Route Number,			
COMPLET		SICIAN: To the best of my know IER: On the besis of examination									
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE	Merder	A		29c. LICENSE NUI	7/6	29d. DATE	SIGNED MAINTH, Day, Year)			
_		LNDRAT	83/7	CHE A	ery LA	NE LAU	INEL,	MD 2070			
	DEC 1 8 1992	Jula Davidson-1	and the				•				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

as the burial-transit

use

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the funeral director, page 5 should be detached

nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

DIRECTOR

FUNERAL

BY

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CERTIFICATION

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executed within

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requires that the death

ATTENDING PHYSICIAN: The law

BOX 13146,

P.0.

DIVISION OF VITAL RECORDS,

LEWIS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YRS

6. AGE (In vrs. lest birthday)

79

REG. NO. 2. DATE OF DEATH MONTH 12 13 13 IF UNDER 1 YEAR IF UNDER 24 HRS.

3. TIME OF DEATH VEAR 7:30 P " 92

7 DATE OF BIRTH 05-08-13

8. BIRTHPLACE (State or Formian Virginia

HOURS 9b. CITY, TOWN OR LOCATION OF GEATH

Laurel

DAYS

9c. COUNTY OF GEATH Prince Georges

USA

RESIDENCE OF DECEDENT

Maryland

Prince Georges

5 SEX

MILL

1 XX M 2 - F

Laurel

19c. CITY, TOWN DR LOCATION

10f. ZIP CODE 20707

10d. INSIDE CITY XX YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?

219 9th Street

11. MARITAL STATUS 1 Never Married 2 Married
3 Widowed 4 Olvorced

(Specify only highe

12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES WWII

13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

14. RACE — American Indian, Black, White, etc. Specify. White

15. DECEDENT'S EDUCATION

0

College (1-4 or 5+)

only one c

16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Messenger

Dept. of Agriculture

16h KIND OF BUSINESS/INDUSTRY

6 17. FATHER'S NAME (First, Middle, Last)

Elementary/Secondary (0-12)

Jake Mills

16. MOTHER'S NAME (First, Middle, Maiden Surname) Ella Butler

19a, INFORMANT'S NAME (Type/Print)

Gloria A. Floyd

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 207 Barren Ridge Rd., Chester, MD

24e.METHOD OF DISPOSITION
1 ① Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or

20c. LOCATION — City or Town, Stata Crownsville MD Veterans Cemetery Crownsville, MD

21, SIGNATURE OF FUNERAL SERVICE LICENSEE

23. PART I. Enter the diseases, or compli-

22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc.

7601 Sandy Spring Rd., Laurel. 20707 the death. Do not enter the mode of dying, such as cardiec or respiretory arrest,

ehock, or heart fallure. List IMMEDIATE CAUSE (Final disease or condition_ resulting in death)

Myracleal affection DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

Sequentially list conditions, CAUSE (Disesse or Injury

DUE TO (DR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

if sny, leading to immediate cause. Enter UNDERLYING that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24s. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND

25 WAS CASE REFERRED TO MEDICAL 1 TES 2 4-NO

2 Accident

3 Sulcide

4 Homicide

27. MANNER OF GEATH 1 - Natural 5 Pending

6 Could not be

28s. DATE OF INJURY (Month, Day, Year)

HOSPITAL:

OTHER: estient 2 - ER/Outpatient 3 - DOA 28b. TIME OF INJURY 28c. INJURY AT WORK?

ng Home 5 - Residence 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

26. PLACE OF OEATH (Check only one)

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at like lime, data and place, and due to like cause(a) and manner as stated.

2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

pilen flewlu Noy 30. NAME AND ADDRESS OF PERSON WHO POMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOREW UNDKA7 8317 CHERRY

LHNC

20707 LAUNEC

31. DATE FILEO (Month, Day, Year)

1992

32. REGISTRAR'S SIGNATURE

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_		1 - STATE REGISTRAR	SIAIE UF MA			ICATE				REG. NO	_		
	1	1. DECEDENT'S NAME (First, Middle, Last)	73470						MONT			EAR	TIME OF DEATH
		HAROLD 4. SOCIAL SECURITY NUMBER	IAMES 5. SEX 6.	AGE (In yrs. lest		DER IF UNDER 1 Y	EAR IF I	MDER 24 HRS.	7. DATE	OF BIRTH	15	92 BIRTHPL	5 • 5 9 pm
	()	180-20-6614	1 🔀 M 2 🗆 F	64	YRS.	MONTHS C	AYS HOL	MS MIN.		th, Day, Year)		Country)	SYLVANIA
pinods		9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR LO	CATION OF D		20,17	9c. COUNT		
1, 2, 3 s	TOR	1368 WASHING	ON BLVD			BALT	OMI	RE					
	DIRECTO	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	OCATION			10d. INS			d. INSIDE CITY LIMITS?
permit. Pages		MARYLAND			BALTIMORE							17	YES 2 NO
ışi	ERAL	1368 WASHINGTON	BOULEVARD)	10f. ZIP CODE 21230						N OF WHA	T COUNTRY?	
21215-0020 I or attending physician. For use as the burial-transit	BY FUNER	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 4 IF YES, GIVE WAR	YES 2 N	10	it y	DECENDE is, specify	NT OF HISPA	ANIC ORIGIN? (Specify Yes or No.— 1 can, Puerto Rican, etc.)			Black, W	American Indian, mite, etc.
215-0 attending se as the		15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL OCC			16	b. KIND OF B	USINESS/INDU		AUTIE
	TO BE COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ho.	Do NOT us			working					
AND 2: the hospital of detached for once.		8TH GRADE		TR	UCK 1	MECHAI	IIC			TRUC	KING C	OMPAI	VY
お 路位人		17. FATHER'S NAME (First, Middle, Lest) ROBERT NEISWEN					MOTHER'S NA ALICE			n Sumame)			
		BARBARA J. NEISW	ENDER								wn, Statu, Zip C IMORE ,		21230
ALTIMORE, Releath. Page 6 may be 1 funeral director, page 5		20a_METHOD OF DISPOSITION 1	oval from State	20b. PLACE A cemetery, crer	metory or of	ther place)			DA	- 1	OCATION CI		Stata
Page I direc		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	LOUDO	N PA	-	_	ORESS OF FA	1 <u> 2/1</u>	.9 BA	LTIMOR	E		
BALTIMORE, after death. Page 6 may be by the funeral director, page noval.		· M. Mask	Colo		6	HU	BARD	FUNEF	RAL I				
Bhours after of in by the or removal.		23. PART i. Enter the diseases or o	omplications that co	sused the de-	ath Don	410	7 WI	LKENS	AVE	IUE-BA	LTIMOR	E, MI	Approximate
OX 68760, be executed within 24 cian and completely fille for to burial, cremation, raumatic event, the	CERTIFICATION											Interval Between Onset and Death	
O the party to		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDER											
E 58 = 3	ICAL		eth but not n	it not resulting in the underlying cause given in Par						Part I. 24a. WAS AN AUTOPSY PERFORMED?		FRE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE	
	MEDI	HEART DISEAS							1 □ YES 2 N NO			DEATH?	
REC requires been sign t. of Healt shows										INQU	IRY	''	XYES 2 NO
TAL F The faw ite has be ate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH (Ch	eck only o	ne)		1	
F VITA SICIAN: The certificate he the State [I, or Item	SIC	EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 Inpetient 2 EF	R/Outpatient 3	□ DOA	OTHER:	Home 5	Residence	6 🗆 Oth	er (Specify)			
NO PHYSICIAN: The this certifical eath with the St marked, or It	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, 1		26b. TIM INJ	URY	work?		28d. OE	SCRIBE HOW	INJURY OCCU	REO	
TISIC NTTENDI CTOR: A after di after di	臣	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At hor . (Specify)	ne, farm, s	Rreet, fectory	office			CATION (Street or Town, State	t and Number or	Rural Rout	e Number,
DIV ITAL OR A RAL DIREC 72 hours If item	COMPLE	Total Control of the	CIAN: To the best of my										
TO THE HOSPITAL (TO THE FUNERAL D TO THE FUNERAL D TO THE FUNERAL T T TO THE FUNERAL T TO THE FUNERAL T TO THE FUNERAL T T TO THE FUNERAL T T TO THE FUNERAL T T T T T T T T T T T T T T T T T T T	BE CO	296. SENATURE AND TITLE OF CERTIFIES		M		u, iii iiiy opii		LICENSE NUI		una piaca, i	_		onth, Day, Year)
₽ ₽ ≥ Ξ	5	AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE O					O.C.1				2/16	
		31. DATE FILED (Month, Day, Year)	32 MEGHSTRAR'S		Per	ın St	reet	, ва	LTIM	ore,	Mary.	Land	21201
(L.)		DEC 18 1992	1,400	1									
	1	2											DHMH-16 Rev 1/89
		l'											



TO BE COMPLETED BY FUNERAL DIRECTOR

LAN	the hos	detach	once.
BALTIMORE, MARYLAN	retained by	TO THE MEAN UNITED AND THE CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach by fine formation or small detail details and Mental Horizon principles or small committee of the committ	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
R.	lay be	page	t be n
MON	ge 6 m	irector,	r mus
Ē	ith. Pa	neral d	mine
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1 withir	mpletel	event,
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S O	DING	Ather	s mar
/ISI	ATTEN	STOR S	28
8	0 3	3	Item
	9	TO THE MENT DIFFERENCE AND THE CENTIFICATE has been signed by the attending physician and completely filled in by the fu- be file.	NT:
4	9	7	PORTA
	2	2 5	₹

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

					92 3	5532
1 - FOR STATE REGISTRAR	OF MARYLAND / DE	PARTMENT O		MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	NAZA	REN	0	2. DATE OF DEATH MONTH DA	1 9EAB 3	TIME OF OEATH
4. SOCIAL SECURITY NUMBER 5. SEX 5 78-01-7740 1 1 1 1 2 (YRS. MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Gountny)	ACE (State or Foreign
90. FACILITY NAME (If not institution, give street end number 322 DIA LINE RESIDENCE OF DECEDENT	n		AURE (9c. COUNTY OF DEA	1
Maryland Anne Arund		Laure				Od. INSIDE CITY LIMITS? YES 2XX NO
322 Old Line Avenue			10f. ZIP CODE 20724		10g. CITIZEN OF WHA	AT COUNTRY?
1 Never Merried 2 Merried FORCES	CEDENT EVER IN U.S. ARMED 17 AD YES 2 NO GIVE WAR OR DATES Korean Conf	X'X'	DECENDENT OF HISPAN I, apecify Cuban, Mexican YES 2 NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	Black, V Specily:	- American Indian, white, etc. Malayan
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 12 3	(Give killite. Do i	ent's usual occur ind of work done during NOT use retired.) tock Cler	most of working	Post Ex	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Celestino Nazareno 19a. INFORMANT'S NAME (Type/Print)			Unk	ME (First, Middle, Melden S	iumame)	
Maria K. Nazareno	32:	2 01d Lir	e Ave., La	ioute Number, City or Town.	State, ZIp Code) 20724	
\$404. METHOD OF DISPOSITION 1	ite 20b. PLACE AND COMMISSION OF THE COMMISSION	NATE OF DISPOSITION	Veterans C	emetery C	rownsvill	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	babb,	F1e	ck Funeral	Home,Inc.	Launa I M	D 20707
23. PART I. Enter the diseases, or complication shock, or heart failure. Use only an IMMEDIATE CAUSE (Final disease or condition resulting in death)	in that caused the deeth.	Do not enter the	mode of dying, such	n ss cerdiec or reepir	atory arrest,	D 20707 Approximate interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury	JE TO (OR AS A CONSEQUEN					
PART II. Other significant conditions contribution	ng to death but not result	ting in the underi	ying ceuse given in f	Part i. 24s. WAS AN A		ERE AUTOPSY FINDINGS

COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 TYES 2 NO WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA MANNER OF DEATH 26b. TIME OF INJURY UNK^M 1 YES 2 NO 3 Suicide
4 Homicide

8 1992

Davidson

DHMH-16 Rev 1/89

1 -	FOR STATE REGISTRA	
1. 0	ECEDENT'S	
4. S	OCIAL SECU	F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

35533 92

- 1												
	1. DECEDENT'S NAME (First, Middle, Last) HATTI'E	MAE			PAR			2. DATE O MONTH	14	4 4	YEAR 12	TIME OF DEAT
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. to		IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month,	Day, Year)		Country)	ACE (State or Fo
	212- 46-7105 9a. FACILITY NAME (If not institution, give str		84	YRS.	0.00				26-		N	
-	LIBERTY MEDICA				96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE			EATH	9c. COUNTY OF DEATH		тн	
DIMECTOR	RESIDENCE OF DECEDENT	TO CENTE			DWI	t.	1010					
Ä	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCATI	ON				10	Dd. INSIDE CITY
	MD			BA	LTIM	10RE	Ξ				1	XXXES 2
\$ 1	10e. STREET AND NUMBER					101.	ZIP CODE			200		AT COUNTRY?
FUNERAL	2514 QUEEN ANNI						21216				.S.A	•
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2X		11	yes, spe	ENDENT OF HISPA city Cuben, Mexico XIXNO Special	en, Puerto Ric		or No-	Black, V Specify:	- American India
- 10	15. DECEDENT'S EDUC		18e, D	ECEDENT'S	USUAL OC	CUPATIO	N	16b. J	UND OF BUS	SINESS/INDU	STRY	BLACK
<u>.</u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	- 46	Give kind of vie. Do NOT us	vork done di ne retired.)	uring mos	t of working					
<u> </u>												
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					$\neg \top$	18. MOTHER'S NA	ME (First, Mic	Idle, Meiden	Surname)		
2	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					-
- [HATTIE MANDY		2	2514	QUE	EN A	ANNE RI)/BAL	OMIT	RE,	MD 2	1216
Į	20a. METHOD OF DISPOSITION 1 Burlal 2 Departion 3 Remo	wal from State		AND DATE C		TION (Nan	ne of	DATE	20c, LO	CATION — C	ity or Town	, State
	4 Donation 5 Other (Specify)	0 0			INT C				BA	LTIMO	ORE,	MD
1	21. SIGNATURE OF PUNERAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY BALTIMORE, MD 22. NAME AND ADDRESS OF FACILITY											
	WM.C.MARCH F.H./1101 E. NORTH AVI											
	immediate cause (Final disease or condition resulting in death)	. Acu	on each lin	トクソビ	20G		e of dying, suc					Interval B
TIFICATION	diagram on one distant	DUE TO (C		FOUENCE OF	20G							Interval B
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSE	EQUENCE OF	20 G	EN	ous	LE				Interval B
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSE	EQUENCE OF	20 G	EN	ous	LE	U K F	EIM/A	24b. W	Interval B Onset and
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — DIABETE	DUE TO (C	DR AS A CONSE	EQUENCE OF	20 G	EN	ous)	ЧKЯ	AUTOPSY IMED?	24b. W	Approximinterval Bid Onset and Onset
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSE	EQUENCE OF	20 G	EN	ous)	44. WAS AN PERFOR	AUTOPSY IMED?	24b. W AM	Interval Bo Onset and
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — DIAISETE — KYPEIZ	DUE TO (C	DR AS A CONSE	EQUENCE OF	20 G	EN	ous)	44. WAS AN PERFOR	AUTOPSY IMED?	24b. W AM	Interval Bo Onset and
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — DIAISETE — KYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C	DR AS A CONSE	EQUENCE OF	1 0 G	derlying	ous) IE	44. WAS AN PERFOR	AUTOPSY IMED?	24b. W AM	Interval Bo Onset and
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — DIAIBETE — HYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (C DUE TO (C DUE TO (C	DR AS A CONSE	EQUENCE OF POSITION OF THE CONTROL OF T	OTHER 4 Nursi	derlying	ceuse given in	Part I. 2	44. WAS AN PERFOR	AUTOPSY IMED?	24b. W AM	Interval Bo Onset and
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — DIAISETE — KYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (C DUE TO (C DUE TO (C	DR AS A CONSE	EQUENCE OF COURSE OF COURS	OTHER:	derlying 26. PLJ: ling Home 28c. INVOR	Ceuse given in	Part I. 2 Peck only one) S Other (44. WAS AN PERFOR	AUTOPSY IMED?	24b. W AN CO O 1	Interval B- Onset and Onset and ERE AUTOPSY FI AILABLE PRIOR OWPLETION OF C F DEATH?
FILISICIAIN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions - DIAISETE - KYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 No Netural 5 Pending investigation	DUE TO (C	DR AS A CONSE	EQUENCE OF PROJECT OF STATE OF	OTHER:	26. PLJ: ing Home 28c. ING WOR	Ceuse given in ACE OF DEATH (C) 5	Part I. 2 Pack only one) S Other (28d. DESC	44. WAS AN PERFOR	AUTOPSY IMED? NO	24b. W M CI O 1	ERE AUTOPSY FI MILABLE PRIOR OF OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO (C A CONTRIBUTION TO (C) B CONTRIBUTION TO (C) B CONTRIBUTION TO (C) CONTRIBUTIO	DR AS A CONSE	EQUENCE OF PROJECT OF STATE OF	OTHER:	26. PLJ: ing Home 28c. ING WOR	Ceuse given in ACE OF DEATH (C) 5	Part I. 2 Part I. 2 Peck only one) S Other (28d. DESC	44. WAS AN PERFOR	AUTOPSY MNED?	24b. W M CI O 1	ERE AUTOPSY FI MILABLE PRIOR OF DEATH?
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions - DIAISETE - KYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (C A CONTRIBUTION TO (C) B CONTRIBUTION TO (C) B CONTRIBUTION TO (C) CONTRIBUTIO	DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE ER/Outpatient NJURY (Ver)	EQUENCE OF PROJECT OF STATE OF	OTHER:	26. PLJ: ing Home 28c. ING WOR	Ceuse given in ACE OF DEATH (C) 5	Part I. 2 Part I. 2 Peck only one) S Other (28d. DESC	44. WAS AN PERFORM I YES 2	AUTOPSY IMED? NO	24b. W M CI O 1	Interval B Onset and Interval B Onset and ERE AUTOPSY F MALABLE PRIOR OF DEATH? YES 2
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — D / A / 3 E T E — H Y P E / 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation No Certifier No Certifier 3 Suicide 8 Could not be determined	DUE TO (C DUE TO (C DUE TO (C DUE TO (C A contributing to d S M E N S7 O S HOSPITAL: 1 Kinpatient 2 28s. DATE OF II (Month, Day 28s. PLACE OF building, st	DR AS A CONSE INJURY (* Year) INJURY At hac. (Specify)	EQUENCE OF COUNCE OF COUNC	OTHER 4 Nursi	derlying 26. PLJ: ing Home 28c. INVOR 1 Yiery, office	Ceuse given in ACE OF DEATH (C) IN AT RK? ES 2 NO	Part I. 2 Part I. 2 Peck only one) City or to the cause	44. WAS AN PERFORM Specify) I VES 2 Specify) ION (Street a Town, State)	AUTOPSY IMED? NO	24b. W M CC O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval B Onset and
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — DIA 13 ETE — KYPE 12 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide Suicide Could not be determined	DUE TO (C DUE TO (C DUE TO (C DUE TO (C A contributing to d S M E N S7 O S HOSPITAL: 1 Kinpatient 2 28s. DATE OF II (Month, Day 28s. PLACE OF building, st	DR AS A CONSE INJURY (* Year) INJURY At hac. (Specify)	EQUENCE OF COUNCE OF COUNC	OTHER 4 Nursi	derlying 26. PLJ: ing Home 28c. INVOR 1 Yiery, office	Ceuse given in ACE OF DEATH (C) IN AT RK? ES 2 NO	Part I. 2 Part I. 2 Peck only one) City or to the cause	44. WAS AN PERFORM Specify) I VES 2 Specify) ION (Street a Town, State)	AUTOPSY IMED? NO	24b. W M CC O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval Boonset and Onset and ERE AUTOPSY FI ALLABLE PRIOR OMPLETION OF C F DEATH? YES 2 F
COMPLETED BY THIS CAN. MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions - DIAISETE - KYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural S Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (C	DR AS A CONSE OR AS A CONSE OR AS A CONSE death but not E 2 2) T ER/Outpatient INJURY — At h iny knowledge, d amination and/or	EQUENCE OF EQUENCE OF Tesulting I 200. TIMIN INJ.	OTHER OT	26. PLJ: ing Home 28c. INJU WOR 1	Ceuse given in ACE OF DEATH (C) 5	Part I. 2 Pack only one) S Other (28d. DESC to the cause time, date a	44. WAS AN PERFORM Specify) RIBE HOW II TON (Street a Town, State)	AUTOPSY IMED? NO NJURY OCCU	24b. W M CI O O 1 IPPED IF Flural Flour fl	ERE AUTOPSY FI MILLABLE PRIOR OF OF POEATH? YES 2 P
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions - DIAISETE - KYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural S Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (C	DR AS A CONSE OR AS A CONSE OR AS A CONSE death but not E 2 2) T ER/Outpatient INJURY — At h iny knowledge, d amination and/or	EQUENCE OF EQUENCE OF Tesulting I 200. TIMIN INJ.	OTHER OT	26. PLJ: ing Home 28c. INJU WOR 1	Ceuse given in ACE OF DEATH (C) 5	Part I. 2 Pack only one) S Other (28d. DESC to the cause time, date a	44. WAS AN PERFORM Specify) RIBE HOW II TON (Street a Town, State)	AUTOPSY IMED? NO NJURY OCCU	24b. W M CI O O 1 IPPED IF Flural Flour fl	ERE AUTOPSY FI MILLABLE PRIOR OF OF POEATH? YES 2 P
E COMPLETED BY PHYSIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions — DIAISETE — KYPEIZ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural S Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER	DUE TO (C	DR AS A CONSE OR AS A CONSE OR AS A CONSE death but not E 2 2) T ER/Outpatient INJURY — At h iny knowledge, d amination and/or	EQUENCE OF EQUENCE OF Tesulting I 200. TIMIN INJ.	OTHER OT	26. PLJ: ing Home 28c. INJU WOR 1	Ceuse given in ACE OF DEATH (C) 5	Part I. 2 Pack only one) S Other (28d. DESC to the cause time, date a	44. WAS AN PERFORM Specify) RIBE HOW II TON (Street a Town, State)	AUTOPSY IMED? NO NJURY OCCU	24b. W M CI O O 1 IPPED IF Flural Flour fl	ERE AUTOPSY FI MILLABLE PRIOR OF DEATH? YES 2 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	72 300				
	1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	YEAR 3. TIME OF I	DEATH			
		LEON			ICE	12 12	1992 2:38	PM			
		4. SOCIAL SECURITY NUMBER 219-40-7676	5. SEX 6. AGE (I	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTNPLACE (State Country)				
Diodie O	OR	9e. FACILITY NAME (If not institution, give :	A 43		9b. CITY, TOWN OR LOCATION OF E	6/2/43 DEATH	9c. COUNTY OF DEATH	o., Md			
J.		UNIVERSITY HO	SPITAL		BALTIMORE						
3	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c, CITY	TOWN OR LOCATION		10d, INSIDE	CITY			
8	뜸	Md.			Ba1t	o. city	1 YES 2				
Tiese Sense	FUNERAL	1808 Madison Av	ve.	-	107. ZIP CODE 21217		10g. CITIZEN OF WHAT COUNTED	1177			
	ED BY	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic	ANIC ORIGIN? (Specify Yes	or No- 14. RACE — American Black, White, etc.	Indian,			
		3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 NO Spec	lly:	Specify: Black				
2		15. DECEDENT'S EDU	CATION		SUAL OCCUPATION	16b. KINO OF BUSI					
		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during most of working retired.)						
once.	COMPL			Seaman							
		17. FATHER'S NAME (First, Middle, Last) UNKNOWN				AME (First, Middle, Meiden S	lumeme)				
	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	Julia ADDRESS (Street and Number or Rura		. State. Zip Code)				
	임	Margaret V. Pri	ice	- 1	Madison Ave.						
must be		29e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	eoval from State cem		F OISPOSITION (Name of	DATE 20c, LOC	CATION — City or Town, State				
E I		4 Donation 5 Other (Specify)		King	Park		lto., Md.				
examiner	1	22. NAME AND ADDRESS OF FACILITY William C. Brown Comm. 1206 W. North Ave.									
oval.	_	Tru lane f.	<u> </u>					Ave.			
or removal	1		List only one cause on ea	the death. Do no ich iina.	ot enter tha moda of dying, su	ch as cardiac or respin	interv	ximata si Between			
the the		IMMEDIATE CAUSE (Final disease or condition	Smake	Tin	halation		Onset	and Death			
event,		resulting in death)		CONSEQUENCE OF	:						
	Z	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
rior to buris	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	:						
other t		CAUSE (Disease or injury that initiated events	C. OUE TO (OR AS A	CONSEQUENCE OF							
or o	CERT	resulting in death) LAST									
d Mental Injury,	AL C	PART II. Other algnificant condition	ne contributing to death be	It not reaulting in	the undarlying cause given in	Part i. 24s. WAS AN A	AUTOPSY 24b. WERE AUTOP	SY FINDINGS			
. 5 -	EDICA					PERFORM	COMPLETION				
of Health ar	MEC						OF DEATH?	□ NO			
23 st						Nyc	<i>*</i>				
death with the State Dept. of Health as marked, or Item 23 shows any	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PLACE OF DEATH (C	theck only one)					
the S	HYS	1 X XES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient XIXER/Outpi 26s. DATE OF INJURY	28b. TIME	4 Nursing Home 5 Residence OF 28c, INJURY AT	6 Other (Specify) 28d. OEŞCRIBE NOW IN	HIBY OCCUPED				
marked,		1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WORK?						
- m	ED BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm, st		261. LOCATION (Street ar	OF HOUSE FIR				
22		4 Homicide determined		AT HO	ME	BALTIMOR	DISON AVENU E. MARYLAND	E			
	COMPLET	onel			d at the time, date and place, and du						
#	S			end/or investigation	, in my opinion, death occured at th		due to the cause(s) and manner	es stated.			
De fled will	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	· 0. PL		29c. LICENSE NU		29d. DATE SIGNED (Month, Day, 1				
2 3	2	30. NAME AND ADDRESS OF PERSON WIN	IO CON LETED CAUSE OF DE	ATN (ITEM 27) (Type,	O.C.M	I.E.	12/13/19	76			
			111		Street, Balti	.more, Mar	yland 2120	1			
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							
L		75.61 9 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	Jane manual - M	wilden.							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICA	TE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH 3. TIME OF DEATH					
- 1	С	V. Poplin				December 14, 19			1992	10:30 A M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birtho		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	-0	,		HPLACE (State or Foreign	
	243-42-0808	1√1√2 M 2 □ F	63 YF	S. MONT	48 DAYS	HOURS MIN.	09-23	- 29		Nor	th Carolina	
OR	9135 Washington S		96. 0	Savag	OR LOCATION OF DE	ATH			ward	HTASH		
5	RESIDENCE OF DECEDENT											
DIRE	Maryland Howa			avage		ION					10d. INSIDE CITY LIMITS7 1 YES 2 THO	
FUNERAL DIRECTOR	9135 Washington S	1873			. ZIP CODE 10763				10g. CITIZEN OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married X Married	YES 2 NO If yes, sp			CENDENT OF HISPANIC ORIGIN? (Specify Year pecify Cuban, Mexican, Puerto Rican, etc.) NO Specify:							
B	3 Widowed 4 Divorced		orean Conflict				Wh:			White		
	15. DECEOENT'S EDUC	CATION	16a. DECEDER	IT'S USUA	OCCUPATI	ON	16b. KIN	D OF BUS	SINESS/H	NDUSTRY		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		(Give kind of work done during most of working life. Do NOT use retired.) Pipe Fitter			st of working	Sprinkler Comp			Compa	any.	
Ž	17. FATHER'S NAME (First, Middle, Lest)									пу		
BE CC	Jason Poplin	18. MOTHER'S NAME (First, Middle, Maiden Sum Buelah Caudle					Sumame)					
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town,						n. State.	Zio Code)			
임	Shirley F. Poplin		9135 Washington Street, Savage, MD 20763						63			
	20a/METHOD OF DISPOSITION 1/\[\text{ABurlel}\] 2 \(\text{Cremation} \) 3 \(\text{Remo} \)		20b. PLACE AND D				DATE			- City or To	own. State	
	1/CABuriel 2 ☐ Cremation 3 ☐ Remo	Cometery, cremetory or other place! Meadowridge Memorial Pa				Baltimore				, Maryland		
- 1	21. SIGNATURE OF FUNERAL SERVICE LOCKETS 22. NAME AND ADDRESS OF FACILITY								, ,	iar y rana		
$ \bot $	10000	Dr. Chris	das			Funeral	,			urel	MD 20707	
	7601 Sandy Spring Road, Laurel, MD 20707 23. PART I. Enter-the diseases, or cognifications that content the depth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or heart fallure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition	Aprilaga	O CHANDO	1	14	PERTUR	1/00	C/ TO	1 10	1.100	201 100	
	disease or condition resulting in death) a. ADENOCARCINOMA OF THE RECTUM (RECTIM CANCER) 2- YRS. Due to (OR AS A CONSEQUENCE OF):											
Z												
A A	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
임												
E	that initiated events resulting in death) LAST											
	PART II. Other significant conditions	s contributing to de	ith but not moulti	no in the	underlyla	a cause alves la	Dart I are	MB 0 444	ALLTONOO	v Lau	HERE ALITORAY ENTRINOS	
DICAL	The state of the s	idi bat iibt result	not resulting in the underlying cause given in			PERFORMED?			246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED							_ 10	YES 2	□ NO		OF DEATH?	
	1 Tes 2 ND											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
١ۼ	27. MANNER OF DEATH 28d. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	beir)	M 1 YES 2								
_	3 Suicide 6 Could not be	28e. PLACE OF IN- building, etc.	JURY — At home, fa	rm, street,	factory, offic				nd Numb	ber or Rural Route Number,		
	4 Homicide determined		City or Town, State)									
2	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.											
BEC	296. SIGNATURE AND TITLE OF GERTIFIER 29d. DATE SIGNED (Month, Day, Year)									(Month, Day, Year)		
DC 1838 Z								12/15/92				
ROBERT J. DELAP, MD LOMBARDI CANCER CENTER, WASI									MAGENT DE DONATT			
	31. DATE FILED (Month, Day, Year)	P 32. REGISTRAR'S		MIN	Leck	CENTER	CHW.	III NO	IUN	00	2000/	
	DEC 1 8 1992	Turia Davidson	-Nanatac									

X

TO THE MOSRITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled writhin 72-frours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

3. TIME OF DEATH

MD

10d. INSIDE CITY

BLACK

Approximata

Interval Between

Onset and Death

12

AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

TXYES 2 NO

11-25 AM

death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020

3 should

Pages 1, 2,

for use as the burial-transit permit.

DIRECTOR

FUNERAL

BY

COMPLETED

BE notified

2

Pe

must

medical examiner

the

traumatic event,

or other

Injury,

any

shows

23

0

is marked,

28

222

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

1 YES 2 NO

5 Pending investigation

6 Could not be

27. MANNER OF DEATH

1 Natural

2 Accident 3 Suicide

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

fter	the	Oval
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2	P	6
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With	ple	Cref
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	HECTURE After this certificate has been signed by the attending physician and completely filled in by the	deat
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100	**	٠.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH RICKIE ROBINSON 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS XXM 2 F 38 YRS. 218-62-2754 12-11-54 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2608 AISQUITH STREET 21218 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—Martinan, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. XX Never Married 2 - Married If yes, specify Cuben, Mexican, Pu 1 ☐ YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EARL ROBINSON ELIZABETH BRYANT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELIZABETH ROBINSON 2608 AISQUITH ST./BALTIMORE, MD 21218 20s. METNOD OF DISPOSITION

X Spurial 2 Commatton 3 Removal from State
4 Donatton 7 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION - City or Town, State DATE MEMORIAL GARDENS DUNDALK, MD 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. s, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OFF ASE A CONSEQUENCE OF): HIVE resulting in death) Dum Human Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? 1 | YES 2 | NO Renal 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 92 16 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Union Mennial Juli Burner Mayor

28b. TIME OF

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

me 5 - Residence 6 - Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28c. INJURY AT WORK?

1 YES 2 NO

HOSPITAL:

26a. DATE OF INJURY (Month, Day, Year)

		irmit, Pages			
	sician.	THE FLACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages			
	ttending ph	e as the bu			
	nospital or a	iched for us		9	
	ned by the	ould be deta		led at one	
,	nay be retail	page 5 sh		rt be notlf	
	th. Page 6 r	eral director		miner mu	
	ME HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	In by the fur	removal.	APORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	thin 24 hou	etely filled	mation, or	it, the m	
	executed wi	and compli	burial, cre	natic ever	
	rtificate be	ig physician	iene prior t	ther traur	
	he death ce	the attendir	Mental Hyg	njury, or o	
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	The law red	te has been	ite Dept. of	em 23 sh	
	HYSICIAN:	his certifica	with the Sta	ced, or ite	
	TENDING P	DR: After ti	ffer death	8 Is mari	
	ITAL OR AT	RAL DIRECT	72 hours a	If Item 2	
	HOH #	世史	Sec	PORTANT	
1	-46	ries.	1	900	۱

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		
1. DECEOENT'S NAME (First, Middle, Last EDWARD MONR	A		0. 0		2. DATE OF DEATH	AY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		-	IMPORTA NOTE I	20.25.111		-92-	1 5 00 AM M
218-10-7007	1 🕅 M 2 🗆 F	76 YRS. MO	NTHE DAYS H	F UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-27-19		BIRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give		96	CITY, TOWN OR I		АТН	9c. COUNTY	Y OF DEATH
Joseph Richie	House		Baltim	ore			
10a. STATE 10b. COUN	ry	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
	ltimore	Du	ndalk				LIMITS? 1 VES 2 NO
3119 Shortway				21222		U.S.	N OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER I				IIC ORIGIN? (Specify Ye	s or No — 14	I. RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES			y Cuban, Maxica ▼ NO Specify	n, Puerto Ricen, etc.)		Black, White, etc. Specify:
3 Widowed 4 Divorced						N	Mite
15. DECEDENT'S ED (Specify only highest grades) Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of	f working	16b. KIND OF BU	SINESS/INDUS	STRY
12 yrs	College (I-C or 5+)	Steel W	orker		Steel	Mfa	r
17. FATHER'S NAME (First, Middle, Last)				. MOTHER'S NA	ME (First, Middle, Maider		1.0
John Rasel					de Nicho		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and	Number or Flural F	Route Number, City or You	vn, State, Zip Co	ode)
Pauline Rasel					ndalk, M		· ·
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	201	PI ACE AND DATE OF D	ISPOSITION /Name	of	OATE 20c 10	CATION - CH	N Or Trave State
1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	00%	GreenM	ount C	remato	ry 12-17	-92	BAlto.Md.
21. SIGNATURE OF FUNERAL SERVICE I	CENSEE Edison	M. Perki	22. NAME AND	ADDRESS OF FAC	CILITY		Direct tid.
Edwar M.	DO DO	0083	2134 V	y-Asn √Illow	ton Fune Spring	ral H Rd.,D	ome, Inc.
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	С		PROSTA	TE-1	METAST	ATIC	Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY FINDINGS PROFORMED? PERFORMED? PERFORMED? ANAILABLE PRIOR TO COMPLETION OF CAUSE							
2-POST A	VACUATION	N SUBI	DURAL		1 YES	7,10	OF DEATH?
HEN	ATT MAS	11-24-9			_		TO TES 2 INO
25. WAS CASE REFERRED TO MEDICAL	1011173	11 24 1		E OF DEATH (Che	ack only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs	petient 3 DOA 4	THER:		8 Cother (Specify)	Hora	CE
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJURY	AT	28d. DESCRIBE HOW		
1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK	2 NO	V		
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, term, stree	of, factory, office		281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
	SICIAN: To the best of my know IER: On the bests of exeminatio						cause(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	P		21	C. LICENSE NUM	IBER	29d. DATE S	NGNEO (Month, Day, Year)
Edward W. 1	11 N. 100 11	2110		Donal	/	17	116/97
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	70)	-20010	1		
EOWARD CAMP. 31. DATE FILED (MONTH, Day, YEAR)	BELL TR		NIV. F	bspiri	AL BX	LTIMO	RE 21701
DEC 1 8 1992	32. REGISTRAR'S SIGN	ndell					

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After

30, NAME AND ADDRESS OF PERSON WHO CO

(Month, Day, Year) 8 1992

32. REGISTRAR'S SIGNATURE

31. DATE FILED

	Pages 1, 2, 3 should	
tending physician.	as the burial-transit permit	
tained by the nospital of at	neral director, page 5 should be detached for use as the burial-tra	tiffed at once.
atter beath. Fage o may be re	s funeral director, page 5	adical examiner must be notified at once.
SING WITHIN TA HOUSE SILE	ertificate has been signed by the attending physician and completely filled in by the funeral dii the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1, or Item 23 shows any Injury, or other traumatic event, the medical examin
saul cellineate pe saccut	attending physician and c ital Hygiene prior to buria	y, or other traumatic
the idw leguiles that the or	certificate has been signed by the attending physician at the State Dept. of Health and Mental Hygiene prior to	23 shows any Injury
SICIAIN. THE	certificate h	d, or Item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 0NTH DAY 12-15-1992 YEAR Ruth E. Rice 8:30 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-10-4324 80 (Month, Day, Year) 9-15-1912 1 M 2 XX Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Francis Scott Key Med. Ctr. Baltimore CIty RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. DUndalk Baltimore 1 YES 2 NO 100. STREET AND NUMBER 2616 Yorkway 21222 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

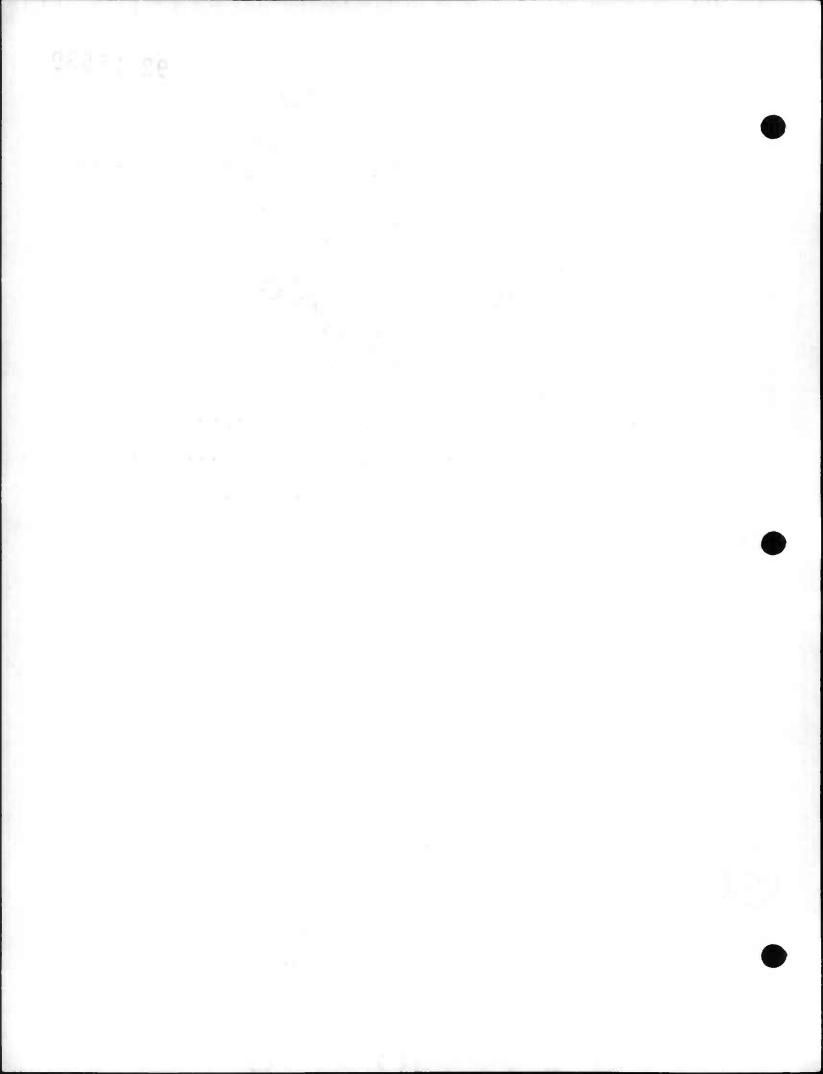
1 □ YES 2 집 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Marrie ВУ 3XWidowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind at work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. Homemaker Own Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Bessie Ridder Theodore Eger BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code, P.O.Box 5073, ANaheim, Cal. 928 2 Stewart A. Miller 92814 (Son) 2 20a. METHOD OF DISPOSITION
1 □ Burlal 2 ⚠ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Green Mount Crematory 12-16-92 Balto., Md. 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21222 Peter S. Ashton Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md. M00011 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death å disease or condition resulting in death) PM5.5 DUE TO (OR AS A CONSEQUENCE OF): event. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate woffenish cause. Enter UNDERLYING CAUSE (Disease or injury Vamillio other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? shows any 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL tem 26. PLACE OF DEATH (Check only one) HOSFITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) MC 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident investigation DIRECTOR: Aft hours after dea Item 28 Is n 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO WE FULLERAL DIRECT.
DANS WITH 72 hours at IMPORTANT: It Item 2 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investig due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 30 Ja ten m 2

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILEO (Month, Day, Year) DFG 1 8 1992

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ifter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	eath with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTENDING PHYSICIAN: The	AL DIRECTOR: After this certificate h	12 hours after death with the State	if item 28 is marked, or item
HOSPI .	PRINER	with	HAN!

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 12 VASHTI ROLLINS 16 1992 2:35 PP 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Morith, Day, Year) B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 TF YRS. 579-24-1035 5-12-23 Vi<u>rginia</u> 9e. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Prince Georges 1 X YES 2 NO Landover FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 533 Pecer Drive 20785 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2X Married 1 TES 2X NO ВУ Specify Specify 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Civil Service Government 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 17. FATHER'S NAME (First, Middle, Last) Bertha Lucas Parker R. Porter 8 19a, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 22960 Route #1 279D Orange Virginia Alice Thomas 20s, METHOD OF DISPOSITION
1.0 Sturiel 2 Committee 3 Rd
4 Donation 9 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE Main Uno Baptist Church Cem 12/21/92 Madison Cty. Virgina 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home, Inc. 4600 Liberty Heights Ave. Balto. 2120 23. PART I. Enter the dines or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Betw Onset and Death IMMEDIATE CAUSE (Final disease or condition Ca 05/0 resulting in death) TO TOR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO HOAD YES 2 NO GNING PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X XES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED AUTO 1 Natural
2 Accident 5 Pending Investigation PASSENGER IN AUTO/ 1 YES 2 XXVO • 25 PM 1 2 / 1.6 / 1.9.9.2 2 • 2.5 pm 1 V Y See. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) BY IMPACT 261. LOCATION (Street and Number of Rural Route Number,
City of CAPATERAL AVENUE & HILL
ROAD CAPITAL HEIGHTS. 3 Suicide COMPLETED 6 Could not be 4 Homicide PUBLIC ROADWAY DRITANT: If Item 1 🗆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, MARYLAND (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, de ath occured at the time, date and place, and due to the cause(s) and manner as stated. WE AND TITLE OF CERTIFIER BE 29c LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 12/17/1992 O.C.M.E. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECO	E	5	2	12
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	1 - FOR STATE OF MARY	AND / DEPARTMENT OF HEA	ALTH AND ME	NTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Lest)			DATE OF DEATH		3. TIME OF OEATH
	LEE ANN ROGERS			MONTH DAY	_	150 AH
			F UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	217-98-5270 1 N 2 1 F	// YRS. MONTHS DAYS HE	OURS MIN.	11-9-19	01	ryland
0.	9a. FACILITY NAME (if not institution, give street and number)	9b. CITY, TOWN OR L			9c. COUNTY OF	
1 5	SINAI HOSPITAL OF BAL	TIMURE BALT	IMORE ,	MD	Baltim	ore
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION	N.			10d. INSIDE CITY
	MD BALTIMORE	Baltimore				LIMITS?
₹	100. STREET AND NUMBER		P CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	1709 Edgewood Rd		21234		4.3	5.
Ē	11. MARITAL STATUS 1		DENT OF HISPANIC O	ORIGIN? (Specify Yes o		E — American Indian, ck, White, atc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR I		NO Specify:		Spe	
ETED	15, OECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUPATION		16b, KIND OF BUSI	NESS/INDIJSTRY	00.111
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during most of life. Do NOT use retired.)	f working			
COMPL	0	none		no.	ne	
8	17. FATHER'S NAME (First, Middle, Last)	18		First, Middle, Maiden S	iumame)	
H	HAROLD ROGERS 1991. INFORMANT'S NAME (Type/Print)		DOLC		Mille	r
ဥ	HAROLD LOGERS	19b. MAILING ADDRESS (Street and A	Number or Rural Route	Number, City or Town,	State, Zip Code)	
		PLACE AND DATE OF DISPOSITION (Neme of	wood K	d Balto		21234
	1 → Buriel 2 Cremetion 3 Removal from State	netery cremetory or other place!			ATION — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1. Vet. Cem. Garri	SON FORE	St TK/T8	Owings	Mills, Md.
	* Chief i & Ko	Double Baltim	n Funera	1 Home 85	21 Loch	Raven Blvd.
	23. PART I. Enter the diseases, pr complications that cause	V YXXII Baltim	mre. Mar	vland 21	286	
	anock, or riest Islidia. Elst Dnly Dne ceuse Dn	ech line.	or dying, such sa	cardisc or respire	atory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	torn failure				Onset and Deeth
	resulting in death) a. NESPITO DUE to (or As	tory failure				140ays
Z	- Pneum	onia, severe				14 days
CERTIFICATION	If any, leading to immediate	CONSEQUENCE OF):				1,00,43
2	cause. Enter UNDERLYING CAUSE (Disease or Injury					
Ē	that Initiated eventa DUE TO (OR AS a resulting in death) LAST	CONSEQUENCE OF):				
	d					
¥.	PART II. Other aignificent conditions contributing to deeth t	ut not resulting in the underlying ca	use given in Part	I. 24s. WAS AN AI PERFORM		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	Severe Cerebral pa Pierre - Robin Syna	134 2 hypoxic	enceph	1 TYES 2		COMPLETION OF CAUSE OF DEATH?
Σ	Pierre-Robin Syna	rome				1 YES 2 NO
AN	SCO/105/S 25. WAS CASE REFERRED TO MEDICAL					
PHYSICIAN:	EXAMINER? HOSPITAL:	OTHER:	OF OEATH (Check o	nly one)		
¥	1 YES 2 NO 1 Meter 2 ER/Out					
	1 Netural 5 Pending (Month, Day, Year)	INJURY WORK?		. DESCRIBE HOW INJ	JURY OCCURED	
ЭВУ	2 Accident Investigation 3 Suicide S Could not be	- At home, farm, street, factory, office		LOCATION (Street and	d Number or Purel	Poudo Alumbar
TED	4 Homicide determined building, etc. (Spe	elfy)		City or Town, State)	o Number of Piper I	nodio Namber,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	edge, death occurred at the time, date and	piece and due to th			
WO	one) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigation, in my opinion, death	occured at the time,	data and place, and	dua to the cause(s	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		c. LICENSE NUMBER			(Month, Day, Year)
TO BE	(Fas) Doling	6.	024545		► (×/1)	192
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE		7		- 1	
	PAUL 2- BODNAR		LUORT	H on	1000	en 21264
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S STOR	HALER.				
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT OF H		ITAL HYGIENE REG. NO.	2 35541
	1. DECEDENT'S NAME (First, Middle, Last) HELEN	RYDZ	EWSKI	2.1	DATE OF DEATH DAY	YEAR 92 11: 41 A
	4. SOCIAL SECURITY NUMBER 151 22 5484 9a. FACILITY NAME (If not institution, give s	10 M 2 CF 7	YRS. St Dirthday) IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C		MATE OF BIRTH Month, Day, Year) 9c. COU	BIRTHPLACE (State or Foreign Country) New Jersey NTY OF GEATH
DIRECTOR	SUBURBAN RESIDENCE OF DECEDENT	HOSPITA	L BE	THESE		ONTGOMETE
	New Jersey n	,	Sayrevil		10a, CIT	10d. INSIDE CITY LIMITS? 1 2 YES 2 NO IZEN OF WHAT COUNTRY?
ER/	6 Stephen Ave:			08879		U.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3, Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 [X] YES IF YES, GIVE WAR OR DATE	2 NO If yes, spi		RIGIN? (Specify Yes or No erto Rican, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: White
PLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION (completed) College (1-4 or 5+)	6a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during months. Do NOT use retired.) Retired Colone.	st of working	U.S.A.F.	DUSTRY
COMPL	17. FATHER'S NAME (First, Middle, Last)	4			irst, Middle, Maiden Surname)	
w	Jacob Rydzews	ki		Felicia		
TO BI	19a. INFORMANT'S NAME (Type/Print) Wanda Rydzewski	Number, City or Town, State, Zig	or Town, State, Zip Code)			
	20a. METHOD OF DISPOSITION	(sister)	ACE AND DATE OF DISPOSITION (Ne	as 10	DATE 20c. LOCATION	City or Town, State
1 8	1 Special 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cemele	Sacred Heart Co	emetery 12	2/16 Parlin,	NJ
	21. SIGNATURE OF FUNERAL SERVICE LI			D ADDRESS OF FACILIT		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO		RDOVASC	WAR DI	SERSE IND
MEDICAL C	PART II. Other algorificant condition	_ ,	not resulting in the underlying	g cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 .NO	24b. WERE AUTOPSY FINDS AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	ACE OF DEATH (Check o	nly one)	
HYS	YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpati	ent 3 DOA 4 Nursing Hom 28b. TIME OF 28c. INJ	URY AT 28d	Other (Specify) DESCRIBE HOW INJURY OC	CURED
D BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	S45A M 101	PRK?	OUND IN	(CNAID
밑	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, factory, office		LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
AP.	21		ige, death occurred at the time, date ind/or investigation, in my opinion, d			
TO BE COM	30. NAME AND ADDRESS OF PERSON WITH	All	ma	DO 709	294. DAT	E SIGNED (Morim, Day, Mar)

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DIVISION OF VITAL RECORDS, P.O. BOX 68	ATTRIBUTE PRINCIPAL TELESCOPE AND
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGI REG.		
	1	1. DECEDENT'S NAME (First, Middle, Last)	E 6m		TOATE C	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
		WILLIAM 4. SOCIAL SECURITY NUMBER	E. SM	In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	13 9	12 0000/1 11
		183-26-5168	1 XM 2 □ F 6:		MONTHS DAY		(Month, Day, Year Dec. 29) [New York
3 should	œ	9a. FACILITY NAME (If not institution, give str				N OR LOCATION OF DE		9c. COUNT	Y OF DEATH
1, 2, 3	CTO	Shady Grove Adv	ventist Ho			kville		Mont	gomery
physician. burlal-transit permit. Pages 1, 2,	DIRECTOR	Maryland Mont	gomery		Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
permit		10e. STREET AND NUMBER	egomer y] Ga	ither	101. ZIP CODE		10g. CITIZE	1 YES 2 NO
ian. transit	FUNERAL	9918 Killarney				20877			.A.
	Y E	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes	Specify Cubers, Mexica (ES 2 NO Specify	n, Puerto Rican, etc.	Yes or No— 1	4. RACE — American Indian, Black, White, etc. Specify:
attending se as the	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S		**		BUSINESS/INDU:	aucasian
P _	LET	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) Cottege (1-4 or 5+)	(Give kind of silfe. Do NOT us	work done during se retired.)	most of working	Case	Edwar	ds
the hospital detached fo	COMPLET	9th 17. FATHER'S NAME (First, Middle, Last)		Purcha	sing			_	Company
3 2 to	ш	William Small		18. MOTHER'S NAME (First, Middle, Maide Margaret E. J					
should 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Mr. Michael W.	Small			et and Number or Rural r Drive			Ode) A 22021
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION M. XBurlel 2 □ Cremation 3 □ Remo	206	PLACE AND DATE	OF DISPOSITION	/Name of	DATE 20c	LOCATION CI	by or Town State
Page 6 ma il director, p ner must		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Mc	4 4	22 MANE	Cemeter	y12/16/	92 Ale	xandria,VA
0 = 0		Willi HI	Mos	# 119	/ Mo	untcastl	e Funer		e 22191 ridge,VA
nours after d id in by the or removal.		23. PART I. Enter the disesses, or conshock, or heart failure. L	omplications that caused	the death. Do r	not enter the	mode of dying, suc	h as cardiac or re	spiratory arres	at, Approximate Interval Between
ted within 24 hou completely filled is id, cremation, or event, the my		IMMEDIATE CAUSE (Final		SC FFFF		~			Onset and Death
2 2 2		resoluting in death)	OKOVITA)	Y // ICI	ery	DISCASE	<u>-</u> ,		
ocuted of com ourial,	z	County in death)	CORONARY DUE TO (OR AS A Old Ante	CONSEQUENCE	ery n: WAII	DISCASE MYOCAN	dial in	Sanc 1	TON.
be executant and or to bur	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Old Ante	RIOR CONSEQUENCE OF	WAII	MYOCAR	dial in	fanci	TON.
be executant and or to bur	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	WAII	M YOCAA	dial in	Sanc 1	TON.
death certificate be execu attending physiclan and rital Hygiene prior to bur ry, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A HYPER DUE TO (OR AS A Cig Me	CONSEQUENCE OF	NAII PI: PMIA SMOI	MYOCAA 7. King	dial in	Sfanc 1	50N.
ne death certificate be executhe attending physician and Mental Hygiene prior to bur ijury, or other traumatic	-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A HYPER DUE TO (OR AS A Cight contributing to death b	CONSEQUENCE OF	WAII FI: FI: SMO	MYOCAA 7. King	Aial 1/	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ne death certificate be execu the attending physician and Mental Hygiene prior to bur ijury, or other traumatic	-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A HYPER DUE TO (OR AS A Cig Me	CONSEQUENCE OF	NAII PI: PMIA SMOI	MYOCAA 7. King	Part I. 24e. WAS PER	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires that the death certificate be executed signed by the attending physician and of Health and Mental Hygiene prior to bur shows any Injury, or other traumatic	MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 13 1 FAS 1 C U A	DUE TO (OR AS A HYPER DUE TO (OR AS A Cight contributing to death b	CONSEQUENCE OF	WAII FI: FI: SMO	MYOCAA 7. KING	Part I. 24e. WAS PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
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requires that the death certificate be executed signed by the attending physician and of Health and Merital Hygiene prior to burshows any Injury, or other traumatic	MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A HYPER DUE TO (OR AS A Cig An c contributing to death b	CONSEQUENCE OF THE STATE OF THE	WAII F): SMO In the underly OC K OTHER: 4 Nursing EOF 28c.	M YOCAA	Part I. 24a. WAS PER 1 VES	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
requires that the death certificate be executed signed by the attending physician and of Health and Mental Hygiene prior to bur shows any Injury, or other traumatic	-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A HYPER DUE TO (OR AS A Cig AR C contributing to death b R I - C AR HOSPITAL: Inputient 2 ER/Outp Red	CONSEQUENCE OF THE STATE OF THE	WAII F): SMO In the underly OTHER: 4 Nursing h E OF URY M 1 [M YOCAA	Part I. 24a. WAS PER 1 VES DECK only one) 6 Other (Specify) 28d. DESCRIBE HO	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
UTENDING PHYSICIAN: The law requires that the death certificate be execu TIOR: After this certificate has been signed by the attending physician and after death with the State Dept. of Heath and Mental Hygiene prior to bur 28 is marked, or item 23 shows any injury, or other traumatic	ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A HYPER DUE TO (OR AS A Cight Contributing to death b R I CAR HOSPITAL: 1 Inpetient 2 ER/Outp	CONSEQUENCE OF THE LAST THE LA	WAII F): SMO In the underly OTHER: 4 Nursing h E OF URY M 1 [M YOCAA	Part I. 24a. WAS PER 1 VES DECK only one) 6 Other (Specify) 28d. DESCRIBE HO	AN AUTOPSY FORMED? 2 NO W INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu AL DIRECTOR: After this certificate has been signed by the attending physician and 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to bur I tem 28 is marked, or item 23 shows any injury, or other traumatic	ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A LY PER DUE TO (OR AS A C'G ATC C CONTributing to death b CONTRIBUTING TO GET INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specials)	CONSEQUENCE OF THE LAND THE LA	P): P): P): P): P): P): P): P):	M YOCAA	Part I. 24a. WAS PER 1 YES sck only one) 6 Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Sin City or Town, Si	AN AUTOPSY FORMED? i 2 NO W INJURY OCCU wet and Number or tele) manner as stated	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. DIRECTOR: After this certificate has been signed by the attending physician and 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur it item 28 is marked, or item 23 shows any injury, or other traumatic	COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A LY PER DUE TO (OR AS A C'G ATC C CONTributing to death b CONTRIBUTING TO GET INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specials)	CONSEQUENCE OF THE LAND THE LA	P): P): P): P): P): P): P): P):	M YOCAA	Part I. 24a. WAS PER 1 YES PER 1 YES PER 1 YES PER 1 YES PER HO 281. LOCATION (Sin City or Rown, St to the cause(a) and time, date and place	AN AUTOPSY CORMED? 2 NO W INJURY OCCU wet and Number or order) manner as stated and dua to the	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu DIRECTOR: After this certificate has been signed by the attending physician and hours after death with the State Dept. of Health and Mental Hygiene prior to bur Item 28 is marked, or Item 23 shows any Injury, or other traumatit	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A HYPER DUE TO (OR AS A C'GAM C CONTRIBUTING to death b R I - C AR HOSPITAL: 1 Inpetient 2 EP/Outp 28e. DATE OF INJURY (Month, Dwy, Vear) 28e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE OF THE STATE OF THE	DTHER: 4 Nursing Patreet, factory, on, in my opinion	M YOCAA	Part I. 24a. WAS PER 1 YES PER 1 YES PER 1 YES PER 1 YES PER HOLD TOWN, SIT City or Town, St to the cause(a) and time, date and place RBER	AN AUTOPSY CORMED? 2 NO W INJURY OCCU wet and Number or order) manner as stated and dua to the	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to bur PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic	E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A HYPER DUE TO (OR AS A Cig AM C contributing to death b Contributing to death b Contributing to death b ROSPITAL: Inpetient 2 EP/Outp 28e. DATE OF INJURY	CONSEQUENCE OF THE CONSEQUENCE O	THER: 4 Nursing HE OF 28c. RURY M 1 street, factory, of the street, factory, of the street, in my opinion	M YOCAM. PLACE OF DEATH (Ch. Tome 5 Residence INJURY AT WORK? YES 2 NO Hice Sets and place, and due 1, death occured at the 29c. LICENSE NUM D 2 4 4	Part I. 24a. WAS PER 1 YES PER 1 YES PER 1 YES PER 1 YES PER HOLD TOWN, SIT City or Town, St to the cause(a) and time, date and place RBER	AN AUTOPSY CORMED? 2 NO W INJURY OCCU wet and Number or order) manner as stated and dua to the	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, Cause(s) and manner as stated.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to bur PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A HYPER DUE TO (OR AS A Cig AM C contributing to death b Contributing to death b Contributing to death b ROSPITAL: Inpetient 2 EP/Outp 28e. DATE OF INJURY	CONSEQUENCE OF THE CONSEQUENCE O	THER: 4 Nursing HE OF 28c. RURY M 1 street, factory, of the street, factory, of the street, in my opinion	M YOCAM. 7. KING PLACE OF DEATH (Chome 5 Residence INJURY AT WORK? YES 2 NO Iffice Interest and place, and due on, death occured at the 29c. LICENSE NUM	Part I. 24a. WAS PER 1 YES PER 1 YES PER 1 YES PER 1 YES PER HOLD TOWN, SIT City or Town, St to the cause(a) and time, date and place RBER	AN AUTOPSY CORMED? 2 NO W INJURY OCCU wet and Number or order) manner as stated and dua to the	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, Cause(s) and manner as stated.

31. DATE-FILED (Month, Day, Year)
DEC 1 8 1992

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DEC 18

th, Day, Year) 1992

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF	ITMENT OF H		MENTAL HYGIEN	AE .	355	43
	1. DECEDENT'S NAME (First, Middle, Last) Laura	Sm	ith			2. DATE OF OEATH	DAY	YEAR 3. TIME C	OF DEATH
	4. SOCIAL SECURITY NUMBER 241-30-4876	1 🗆 M 2 💢 F	6. AGE (In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-25-2	23	6. BIRTHPLACE (Str. Country) N.C.	ste oriForeign
TOR	99. FACILITY NAME (If not institution, give st FRANCIS SCOTT RESIDENCE OF DECEDENT		ICAL CTR.		IMORE	АТН	9c. COUN	ITY OF DEATH	
DIRECTOR	MD 106. STATE 106. COUNTY			Y, TOWN OR LOCAT				10d. INSIG LIMIT 1 X YES	
FUNERAL	100. STREET AND NUMBER 1715 BARNES ST	'REET		101	21205			ZEN OF WHAT COUN	YTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR CATES	If yes, spi	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		14. RACE — Americ Black, White, ste Specify:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2 t h	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of ville). Do NOT us		IN st of working	16b. KIND OF BU	SINESS/INDU	BLACK	
ве сом	17. FATHER'S NAME (First, Middle, Last) ALBERT BRANCH					ME (First, Middle, Maiden			
TO E	198. INFORMANT'S NAME (Type/Print) CLARENCE SMITH					Route Number, City or Tow			
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE Cometery, crematory or oil HOLLY HI	prosposition (Neither place) LLS CE	me of	СНА		City or Town, Stats	
	23. PART Y. Enter the disease of c		Att 1			F.H./110			AVE.
							iratory arre	inter	proximete grval Between set and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in death) LAST Last of sequence of the cause o								
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)			
HYS	1 U YES 2 NO 27. MANNER OF DEATH	26s. DATE OF IN		Nursing Home	5 Residence	6 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCC	IRED	
ED BY P	Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, 26s. PLACE OF I building, etc.	NJURY — At home, farm, a	M 1 Y		28f. LOCATION (Street 4	and Number o		97,
COMPLETE	4 Homicide determined 29s. CERTIFIER (Check only one)	CIAN: To the best of m	y knowledge, death occurre	d at the time, date :	and place, end due t	City or Town, State)	nner ss state	d.	
- 14	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	: On the basis of exer	nination and/or investigation	n, in my opinion, de					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								

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Item 4, per Informant, G-695, 1/11/93 gn
FOR
STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

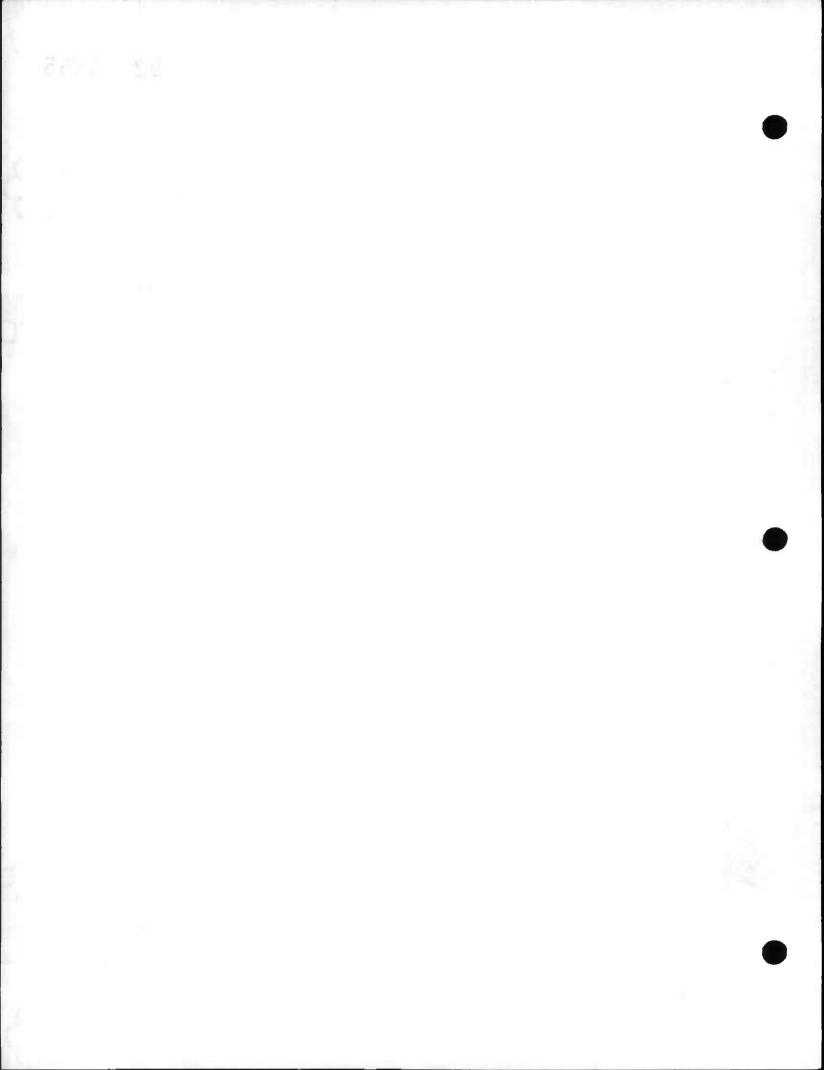
	REGISTRAR	ERTIFICATE (OF DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) RUTH K, STRASBUR	GER		2. DATE OF E	DEATH DAY	9 YEAR 4:40 A M				
	4. SOCIAL SECURITY NUMBER 2 1 2 - 4 6 - 9 5 5 3 5. SEX 1 M 2 X F 9 4		AR IF UNDER 24 HRS.	7. DATE OF B (Month, Day	8/98	BIRTHPLACE (State or Foreign Country) Maryland				
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) SINAL HOSPITAL OF BALTIMORE PESIDENCE OF DECEDENT 96. COUNTY OF DEATH 196. COUNTY OF DEATH 196. COUNTY OF DEATH 196. COUNTY OF DEATH 197. COUNTY OF DEATH 198. FOR INC. COUNTY OF DEATH 198. COU									
l D	10a. STATE 10b. COUNTY	10c, CITY, TOWN OR L	OCATION			10d. INSIDE CITY				
	Maryland Baltimore County	Pikesv	ille			LIMITS? 1 YES 2 NO				
FUNERAL	7 Slade Avenue		21208			ISA				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		14. RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	(Specify only highest grade completed) (G	ECEDENT'S USUAL OCCU Give kind of work done during e. Do NOT use retired.)	PATION g most of working	16b. KIN	D OF BUSINESS/IN	DUSTRY				
8	17. FATHER'S NAME (First, Middle, Last)		10 MOTHER'S NA	ME (First Minds)	e, Maiden Surname)					
BE C	Issac Kaufman		Anna Sau							
2	19a. INFORMANT'S NAME (Type/Print)	96. MAILING ADDRESS (St	reet and Number or Rural	Route Number, C	City or Town, State, Zi	ip Code)				
-		Slade Ave	nue,Pikesv	ille, i	MD 2120	8 APT 516				
	1 Burlel 2 Cremation 3 Removel from State Cemetery, cre 4 Deponsion 5 Other (Specify) Cemetery	AND DATE OF DISPOSITIO rematory or other place)	N (Name of	DATE	20c. LOCATION —	- City or Town, State				
	21. SIGNATUH OF HUMITRAL SERVICE LICENSEE Konald Wade,		.Blatimore	50		tomy Board				
1	All love / / / Pr									
-	23 PART I. Enter the diseases, pr complications that caused the de shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition	6.			or respiratory as	Approximata interval Between Onset and Death				
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): AS (UP) - Severe Complete									
NO	Sequentially list conditions, if any, leading to immediate		Science			Complaint				
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	QUENCE OF:								
CERTIFICATION	that initiated events resulting in death) LAST d.									
	PART ii. Other algnificent conditions contributing to death but not	resulting in the under	iying ceuse given in	Part i. 24a	. WAS AN AUTOPSY					
DICAL		<u> </u>		10	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ						1 TYES 2 NO				
A S										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	6. PLACE OF DEATH (Ch							
l ₹	1 VES 2 NO 1 Inpatient 2 PER/Outpatient 3 27. MANNER OF DEATH 26e, DATE OF INJURY		Home 5 - Residence							
ВУ РР	1 Metural 5 Pending (Month, Day, Year)	INJURY	WORK?	28d, DEŞCRIE	BE HOW INJURY OC	CURED				
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, factory,	office	281, LOCATION City or Tox	N (Street and Numbe wn, State)	er or Rural Route Number,				
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dependence of the best of th									
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUI							
BE	Maryunt & Binne	ma ma	DI	911	/ 290, DA	TE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	1016	74/	4-	1 2/13/4 2				
	31. DATE FILED (Month, Day, 1997) DEC 18 1992 32. BEGISTRAR'S SIGNATURE	3411	m47	120	8					
1 1	DEC 18 1992	1								

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	PECTUR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have been signed by the attending physician prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	WHECTUR. After this certificate has been signed by the attending physician and completely filled in by the filled in by the filled.	Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DEATH		T	3. TIME OF DEATH
	Lillian	М. 5	Stokes							12 1	7	92	1215 Pm
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. i	last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTHE	LACE (State or Foreign
- (216-12-868	3	1 🗌 M 2 🔀 F	73	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month, Day, Year) 10/5/21		Country	ennsylvania
	9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
O.	632 Picc	adilly	y Road				Towson Balto					٥.	
<u>ප</u> ු	RESIDENCE OF DEC	10b. COUNT			I in an								
DIRECTOR					10c. CI	10c. CITY, TOWN OR LOCATION					- 1	10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	I	Balto.			TOWSON 101. ZIP CODE					1 YES 2 W NO		
FUNERAL							10	W 323			10g. CI1		DOLL SAMPON
N N	632 Picca	dilly	Road 12. WAS DECEDEN	T EVED IN II e	I DIVED	- 10	<u> </u>	212		IIC ORIGIN? (Specify Ye			S.A.
	1 Never Merried 2	Married	FORCES? 1	YES 2 MAR OR DATES			If yes, sp	ecity Cuba	n, Mexica	n, Puerto Rican, etc.)	s or No-	Black,	American Indian, White, etc.
ВУ	3 Widowed 4 Divo	rced	IF TES, GIVE V		V11		1 L YES	2 XNO	Specify	<i>f:</i>		Specify	White
COMPLETED	15. DEC	EDENT'S EDU	CATION COMPINED		DECEDENT'S					16b. KIND OF BU	SINESS/IN	DUSTRY	WILLOC
Щ	Elementary/Secondary (0		College (1-4 or 5		(Give kind of ite. Do NOT u	work done	aunng ma	ost of worker	ng				
MP.	12 yrs 3 yrs. Reg					ered	Nur	se		Hospi	tal		
00	17. FATHER'S NAME (First, M	iddie, Last)					190	18. MOT	HER'S NA	ME (First, Middle, Maider	Surname)		
BE (er March					I	Edna	Burkhar	t		
6	194, INFORMANT'S NAME (7	vpa/Print)			19b. MAILING	ADDRES	S (Street a	and Number	or Rural I	Route Number, City or Tov	vn, State, Zi	ip Code)	
-	Charles Lee						Same	as	l0e				
	20a, METHOD OF DISPOSIT 1-1 Burial 2 Crematic	ON Bern	noval from State		E AND DATE			eme of		DATE 20c. LC	CATION -	City or Tov	rn, Stele
	4 Donation 5 Other 21. SIGNATURE OF PARENA		4	Arlin	ngton	Nati	ona			12/22/92	Arli	ngton	. Va.
	21. SIGNATURE OF YUMERA	/ A	10/	//		22.	NAME A	ND ADDRE	SS OF FA	ашту 1050 Yo	rk D	3 21	204
	Vonalst	(X	elder s	K.		1	Ruck	Tows	son 1	Funeral Ho			204
	23. PART I. Enter the di	seeses, or	complications the	t ceused the	deeth. Do	not enter	the mo	de of dy	ing, suc	h as cardlec or resp	iratory ar	rest,	Approximate
										Interval Between Onsel and Death			
	disease or condition								Hmond				
	DUE TO (OR AS A CONSEQUÊNCE OF):												
Z	Sequentially list conditions, b. Dur to the conditions of the cond												
Ĕ	if any, leading to imme-	diate	DUE TO	(OR AS A CONS	EQUENCE O	F):							
일	cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	that initieted events resulting in deeth) LAS	т 📗	552.10	(on no n cons	DISEQUENCE OF):							i l	
E	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL	PART ii. Other significe	nt condition	ns contributing to	death but not	resulting	in the ur	derlyin	g cause (given in	Part i. 24s. WAS AN PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8										1 _ YES			COMPLETION DF CAUSE OF DEATH?
ME													1 YES 2 NO
z												-	
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE	_	ACE OF D	EATH (Ch	sck only one)			
PHYSICIAN	1 TYES THE NO		1 🗆 Inpatient 2	ER/Outpatient	3 🗆 DOA			no 5 R	sidence	8 Other (Specify)			
표	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28b. TIN	JURY	28c. INJ WC	URY AT		28d. DEŞCRIBE HOW	INJURY OC	CURED	
BY		investigation				М		YES 2	NO				
		Could not be	28s. PLACE O building,	of INJURY — AI I etc. (Specify)	home, farm,	street, fact	lory, offic			28f. LOCATION (Street City or Town, State	and Numbe	or Rural Ro	oute Number,
E	October 100 (1900)												
릴										to the cause(s) and ma			
COMPLETED	2 MEDI	CAL EXAMINE	ER: On the basis of a	xamination and/o	r investigation	on, in my o	opinion, d	leath occur	red at the	time, data and place, a	nd dua to t	he cause(s)	and menner as stated,
BE (296. SIGNATURE AND TITLE	OF CERTIFIE	0.11	het.	1 2	~~	\	29c. LICI	ENSE NUM	ABER /	29d. DA	TE SIGNED	Month, Day, Year)
9	1)10	mana	VAH	usug	100	2		1.	26	814	•	10//	8/42
	30. NAME AND ADDRESS OF			11	,							7	
	Richard Husl)5 Osle		212	204	5	Suite	e 504			
	31. DATE FILED (Month, Day, D.E.C. 1 8 1992			AR'S SIGNATURE									
	ille in 1004			-	•								

10+1



1. DECEDENT'S NAME (First, Middle, Last) Pear Stevenson 2. DATE OF OFATH 3. TIME OF DEATH EARI 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 250-07-8363 August 6,1913 79 1 🗌 M 2 🔯 F Colorado use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The Good Samaritan Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a STATE 10h COUNTS 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF USA WHAT COUNTRY? 2711 Grindon Avenue 21214 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Notit yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES X 1 Never Married 2 Married 1 TES 2 KNO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EQUICATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g ğ Elementary/Secondary (0-12) Teacher page 5 should be detached notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
Grace A. Yeoman Frederick B. Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Parall Floute Number, City or Yours, State, Zip Code) 2711 Grindon Avenue Baltimore, Md. 21214 9 Janelle Stevenson 90 20e, METHOD OF DISPOSITION
1 Description | Method | Burlal | Cremation | 3 | Removal from State | Donation | 5 | Other (Specify) | 206. PLACE AND DATE OF DISPOSITION (Name of 1992) VONORE, Tenn. DATE must director, medicel examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Leonard J. Ruck, Inc. adden Lances 5305 Harford Rd. Baltimore, 21214 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. filled in by Approximate Interval Between 5 IMMEDIATE CAUSE (Final Onset and Death has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition___ Arrhy Maria 9 hours PARTENDING PHYSICIAN: The law requires that the death certificate be executed within the EBAL DIRECTOR: After this certificate has been signed by the attending physician and completely withing-P2-hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati resulting in deeth) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) MODORAK UNA COSTU BACKEU distast CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING DUE THOR AS A CONSEQUENCE OF: CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? requiraitation MITTON 23 shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO me 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED item 28 is marked, 1 Natural 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE DF CERTIFIER BE 29c. LICENSE NUMBER 15 92 223 9 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Samantan GWa Mar DEC 1 8 1992 32. NEGISTRAR'S SANATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE REGISTRAR

21.

BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MESTIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Flucks, DRECTUR Are this certificate has been signed by the attending physician and completely filled in by the f	NTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
	Ste	ephen '	Caylor St	word, Sr	•					Dec. 1	DAY 199	YEAR	M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
	067 22 307	77	1 📉 M 2 🗌 F		YRS.	MONTHS	DAYS	HOURS	MIN.	Nov 22		Count	ew York
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	TOWN C	OR LOCATION	ON OF DE		9c. CO	JNTY OF E	DEATH
E	314 Jo	ody Way	y				Tim	oniu	m		Bal	timo	re
DIRECTOR	RESIDENCE OF DEC												
	MD .	10b, COUNTY	timore		10c. CIT	Y, TOWN C	R LOCAT						10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	Dar	rinore		<u></u>	111							1 YES 2X NO
R	117-117-117-117-1	dr. How					101	. ZIP COD	1 2109	3	10g. Cf	USA	WHAT COUNTRY?
FUNERAL	32. 332,												
	11. MARITAL STATUS 1 Never Married 2	Married	FORCES? 1	TEVER IN U.S. AR	MED IO	11.0	l yes, sp	ocity Cuba		IC ORIGIN? (Specify n, Puerto Rican, etc.)		14, RAC Blec	E — American Indian, ck, White, etc.
BY	3 Widowed 4 Divo	roed	J.S. Arm			1	YES	2 🛅 NO	Specify	:		Spec	hite
		EDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CUPATIO	ON		16b. KIND OF	BUSINESS/IN		
Li.	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	- Ma	ive kind of v Do NOT us	vork done (e retired.)	luring mo	st of working	g				
AP			4	Sa	les l	Mana	geme	nt		Buile	ding M	later	rials
COMPLETED	17. FATHER'S NAME (First, M									ME (First, Middle, Mail			
BE (Charles Ha	anawali	t Sword,	Sr.					Ruth	Brubake	r		
9	19a. INFORMANT'S NAME (7		1 (0.1	191	. MAILING	ADDRESS	(Street a	nd Number	or Rural R	Toute Number, City or	Town, State, Z	ip Code)	
	Nancy McAlp			11n) 3	14 J	oay I	way,	1111	ontu	m, Md. 2	1093		
	20a, METHOD OF DISPOSITI		oval from State	20b. PLACE A cemetery, cre-			ITION (Na	me of			LOCATION -	-	
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUMERA		HISER /	Metro	Cre			ND ADDRE	00 05 54		2 Balt	0.,	Md. 21229
	M	rts /	How	-		1				ell-Wied	efeld.	Inc.	
	Mari		Lawson				10 w	. Pa	doni	a Rd., T	imoniu	ım, M	
	23. PART i. Enter the di shock, or h	seases, Dr c eart feilure. I	complications the	it coused the de use on each line	ath. Do n	ot enter	the mo	de of dy	ing, suct	n as cardiac or re	spiretory a	rrest,	Approximata interval Between
	IMMEDIATE CAUSE (Fir disease or condition	ini	D			-							Onset and Death
	resulting in death)	→ ,		SPIRATO			RE						
				(OR AS A CONSEC									
CERTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):												
¥	If any, leeding to immediate cause. Enter UNDERLYING								j				
표	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAS	т (An	KYLOSING	5 PO	NDY	LITA	٤					
Ö	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS												
MEDICAL	- III otto	ouration.	e continuenting to	destri but not r	esuiting i	ting in the underlying cause given in Pa			Part I. 244. WAS PERI	FORMED?	248	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
										1 TYES	2 NO		OF DEATH?
										-			1 TES 2 NO
A	25. WAS CASE REFERRED TO	O MEDICAL					26 01	ACE OF D	EATH MA	ock only one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	1:	-					
Ä	27. MANNER OF OEATH		26e. DATE OF		28b. TIM		28c, INJ		sidence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CUBEO	
		Pending	(Month, E	lay, Ybar)	INJ	URY	WO	RK? YES 2	NO				
В В	2 Dutalda —	Could not be	28e. PLACE C	F INJURY At ho	me, ferm, s	treet, fect			_	26f, LOCATION (Stre	et and Numbe	or or Rural	Floute Number,
COMPLETED		detarmined	building,	etc. (Specify)						City or Town, St	eto)		and the same of th
ا ت	29a, CERTIFIER 1 1 CERT	TFYING PHYSIC	CIAN: To the best of	my knowledne de	eth occurre	ed at the ti	me date	and place	and due	to the cause(a) and		4.4	
Ž													a) and manner as stated.
	29b. SIGNATURE AND TITLE			·					NSE NUM				1000
H	0-1	W.L	V. () 2					290. 110	414	76	29d, UA	2 /1	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAU	SE OF OEATH (ITE	Л 27) (Туре,	Print)		<u> </u>	1, (/0		1	110
	RAYMOND	W. L	NILSON	, M.D.	65	565	N.	Char	125	St Swi	to 416	BAL	TIMBER, MD 21204
- 1	31. DATE FILED (Month, Day,	Year)	32 BEGISTRA	RIS Sibhandadii					_			1)
	DEC 1 8 199	10	32. REGISTR	Marshar Land									

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BOX 68760,	1 100
BOX	
P.O.	
RECORDS,	The second of the second secon
OF VITAL	
DIVISION	O OTTO MANAGEMENT

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIENI REG. NO.	E 72	33340	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	CARROLL ROBERT SP	PECHT				MONTH DA	o 92	1230 0 M	
		5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign	
	217-26-5444	1 X M 2 □ F 79	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-21-1913	MA DA	rty) LAND	
	9e. FACILITY NAME (# not institution, give stree	of and number)		9b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY OF		
CTOR	ANNE ARUNDEL COUNT	Y GENERAL H	OSPITAL	ANNAPOI	IS		ANNE AF	UNDET.	
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						THINK THE		
DIRE	10000011			TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?	
1	MD ANNE A	ARUNDEL	A1	RNOLD			1 ☐ YES 2√ NO		
FUNERAL				101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
N N	272 PENINSULA FARM				.012	U.S.A			
	1 Never Married 2 Married FORCES? 1 YES 2 NO			If yes, spe	cify Cuben, Mexican,	C ORIGIN? (Specify Yee , Puerto Rican, etc.)	or No — 14. RAI Bla	CE — American Indian, ck, White, atc.	
Β¥	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES **			1 TYES	2 NO Specify:		Spe	WHITE	
8	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLET	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done durina mos	t of working				
Ā		NE	MECHANIC	2		C & P 7	PELEPHON	E	
Į į	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden :			
BE (ROBERT K. SPECHT				BESSIE	L. BRENGL	E		
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street an	d Number or Rural Ro	oute Number, City or Town	, State, Zip Code)		
F	ROBERT C. SPECHT		272 PI	ENINSULA	FARM RO	AD, ARNOLI), MD. 2	1012	
	20e. METHOD OF DISPOSITION 1½ Burlel 2 Cremetion 3 Remove	20b.	PLACE AND DATE OF	DISPOSITION (Nan		DATE 20c. LOC	CATION — City or	lown, State	
	4 ² Donetion 5 Other (Specify)	G	LEN HAVEN	MEMORI				E, MD. 21060	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	4				LITY SINGLET			
13	> Hay Welson	Zumbu		1 SECO	ND AVE.,	S.W., GLE	EN BURNI	E, MD. 21061	
	23. PARTIL Egitter the diseases, or com	nplications that caused	the death. Do no	t enter the mod	le of dying, such	as cardiec or reepir	ratory arrest,	Approximate	
	ehock, or heart fellure. Lis IMMEDIATE CAUSE (Finel	it only one cause on ea	ech line.					Interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Congestive heart faulure DUE TO (OR AS a CONSEQUENCE OF): CONTROL OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL								
		DUE TO OR AS A	CONSEQUENCE OF):	2					
Z	Sequentially list conditions								
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING								
5	CAUSE (Disease or Injury C	DUE TO (OR AS A	CONSEQUENCE OF):						
Ē	that initiated evente resulting in death) LAST	DUE TO JOH AS A	CONSECUENCE OF):						
B	d								
AL	PART II. Other significent conditions of	contributing to death be	ut not reaulting in	the underlying	cause given in P	art I. 24a. WAS AN / PERFORI		b. WERE AUTOPSY FINDINGS	
MEDICAL						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME						,		1 TYES 2 NO	
ž						_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			CE OF DEATH (Chec	k only one)			
YSI	1 YES 2 NO	Inpatient 2 - ER/Outpu		OTHER:	5 🗆 Residence 6	Other (Specify)			
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY AT :	28d. DESCRIBE HOW IN	JURY OCCURED		
B	Accident Investigation				S 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, str fy)	eet, factory, office	1	28t. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,	
ETED									
린		N: To the best of my knowle							
COMPL	2 MEDICAL EXAMINER: 0	In the basis of exemination	end/or Investigation,	In my opinion, de	ath occured at the tir	me, date end plece, end	due to the ceuse	s) and menner se steled.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1110			29 LICENSE NUMB	ER	29d. DATE SIGNE	D (Month, Day, Year)	
TO B	/ mmm (vales	er MI)			12386	/	12-1	7-92	
F	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)	MAG	1000	badd of	4.0./4.0	
	X 07 renin sulg to	TRM KOAT		VOLD	1110 21	1012 TH	MASIN	ALSHMU	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	The second						
	DEC 1 8 1992								

	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ARECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	us after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	OR ATTENDIN	HRECTOR: After	ours after dea	em 28 is m
-	STATE OF	ERM D	S	NT: If 10
4 //	Mega	正是自	200	MPORTA

	FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENE	12 0	00.0		
	1. DECEDENT'S NAME (First, Midd	fle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
- 8	James	Arther so	haefer		MONTH DAY	1992	6.45 PM		
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	(In yrs. last birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Carmen	PLACE (State or Foreign		
	218-36-65	50 10 M 2 D F	S 4 YRS. MON	THE DAYS HOURS MIN.	12/17/6	7')	rvland		
_	Sa. FACILITY NAME (If not institution	/ A A	1/2 (1)	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF D			
0	GOOD !	SAMARITAN	HOSPITAL "	BALTIM	OKE	Baltimo	re		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
E	12.0	Baltimore		imore			10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	barthiore	Balt	101. ZIP CODE		10g. CITIZEN OF W	1 YES 2 NO		
FUNERAL	1306 Heather	Uill Dood				THAI COUNTRY?			
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	21239 13. WAS DECENDENT OF HISPA	NIC OBIGINA (Secolar Ver	U.S.A.			
	1 Never Married 2 Narri		3 2 ∑ NO	If yes, specify Cuban, Mexic	en, Puerto Rican, etc.)	Black	— American Indian, , White, etc.		
ВУ	3 Widowed 4 Divorced	in rest one man on	DATES	1 TES 2 X NO Speci	ry:	Specify			
COMPLETED	15. DECEDEN (Specify only high	iT'S EDUCATION lest grade completed)	16a. DECEDENT'S USU/	L OCCUPATION lone during most of working	16b. KIND OF BUSI	INESS/INDUSTRY			
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)					
MP	8th		/Battal	ion Chief	Fire	Dept-Bal	to. Co.		
8	17. FATHER'S NAME (First, Middle,	3.3.4		18. MOTHER'S N	AME (First, Middle, Malden S	Sumame)			
BE	Augustus Robe				ah Ann Fran				
2	19a. INFORMANT'S NAME (Type/Pr			RESS (Street and Number or Rural					
	Bertha C. Scha			ather Hill Rd					
	1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	☐ Removal from State	b. PLACE AND DATE OF DIS metery, crematory or other pi	ace)	1	ATION — City or Tox			
	21. SIGNATURE OF FUNERAL SER		St. Thomas	Cometery 22. NAME AND ADDRESS OF FA	12/18 Owi	ngs Mill	s, Md.		
	· Christi	nã S. Koj.	cyck	Johnson Fune Baltimore, M	ral Home 85		Raven Blvd.		
	23. PART i. Enter the disees	es, or complications that ceus	d the death. Do not e	nter the mode of dying, suc	ch as cerdiec or respire	atory arrest,	Approximata		
	IMMEDIATE CAUSE (Final	failure. List only one ceuse on			00-5-		interval Between Onset and Death		
	disease or condition resulting in death)	CARDIO	PULMON	JARY A	KKESI				
1	DUE TO (OR AS A CONSEQUENCE OF):								
3	Sequentially list conditions,	- PILAT		RDIOMYC	174144				
Ĕ	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING								
길	CAUSE (Disease or injury	C DUE TO COR AC	A CONSEQUENCE OF:						
CERTIFICATION	that initiated events resulting in death) LAST	302 10 (011 13	A CONSEQUENCE OF):						
		d							
AL	PART ii. Other aignificant co	onditions contributing to death	but not resulting in the	underlying cause given in	Part i. 24s. WAS AN A PERFORM		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8					1 _ YES 2 [COMPLETION OF CAUSE OF DEATH?		
M.							1 YES 2 NO		
ä									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	or	26. PLACE OF DEATH (C)	eck only one)				
YS	1 YES 2 NO	1 Inpatient 2 ER/Ou		Nursing Home 5 - Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pendii	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED			
BY	2 Accident frivest	ligation		1 YES 2 NO					
COMPLETED	3 Suicide 8 Could 4 Homicide determ	building, etc. (Sp.	Y — At home, farm, street, ecify)	factory, office	261. LOCATION (Street an City or Town, State)	d Number or Rural R	oute Number,		
9	29e. CERTIFIER								
F		G PHYSICIAN: To the best of my kno EXAMINER: On the basis of axaminati							
	290. SIGNATURE AND TITLE OF CO		The stage to the s						
H H	Lamble	y= Mills		29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type Print)			1410	-172		
1	NII 1 Amot	TM-MILL	v. = ·· j (vjpa, čini)			1	i		
	31. DATE FILED (Month, Day, Year)	32. MEGISTRAR'S SE	Water 1992						
	DFC 1 8 1992	gura vavidson-n	171203 "						
			F						

HINERTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should than 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MINNT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

					TOATE	OI DL	74011	HEG. NO			
- 8	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF	DEATH
- 1)	Lerov	C		C		_			AY	YEAR	_ M
8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:		Inder:		10F0 04 (m0	7. DATE OF BIRTH	2 1	992 9 2	5 P "
- 3						AYS HOU	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State Country)	e or Foreign
	218-46-9728	1 🕅 M 2 🗌 F	46	YRS.		8-23-1946 MARYI					
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	WN OR LO	ATION OF D	EATH	9c. COU	NTY OF DEATH	
뜨	Charle Manuar	Conton			Baltimore BALTIMO					TTMODE	
DIRECTOR	Shock Trauma	Center	-		B9T.	E TIMO	re		DAI	LITMUKE	
ŭ.	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN OR I	OCATION			_	10d. INSIDI	E CITY
뜻	MD.				BALT	IMORE				LIMITS	
	10e. STREET AND NUMBER									1 X YES	
Z.					10f. ZIP (10g. CIT	IZEN OF WHAT COUN	TRY?	
Ü	1106 LYNDHURST				21	229		l ī	JSA.		
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS	DECENDE	IT OF HISPA	NIC ORIGIN? (Specify Ve		14. RACE — America Black, White, atc.	n Indian,
-	1 K Never Married 2 Married	FORCES? 1	YES 2 T	NO			NO Speci	an, Puerto Rican, atc.)			
6	3 Widowed 4 Divorced	,,	ani on on co		''	153 5-57	NO Speci	17.		Specify: BLACI	7
۱	15. DECEDENT'S EDU	CATION	16a DI	FCEDENT'S	USUAL OCCL	IDATION		16b. KIND OF BU	CINECO (INC		
E	(Specify only highest grade	completed) College (1-4 or 5	(0	Sive kind of a	work done duri	ng most of w	orking	IGE. KIND OF BU	SINESS/INL	JUSTRY	
ات	Elementary/Secondary (0-12)	+)									
₹ I				UNEM	PLOYED)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. 8	OTHER'S NA	AME (First, Middle, Maiden	Sumame)		
	LESTER H. SAUND	ERS				B	FDOI	=110	RIL	DES	
BE	19a, INFORMANT'S NAME (Type/Print)		10	h Man me	Annacee /e	trans and Mi	phor or flur	Ploute Number, City or Tow			
유	less and the second sec	A								· · · · · · · · · · · · · · · · · · ·	
- 1	BERDELLA SI	HUNDER	>	1106	LYNDH	URST	ST. E	BALTIMORE,	MD.	21229	
	20a. METHOD OF DISPOSITION 1 IX Burlel 2 II Cremation 3 II Rem	and for State			OF DISPOSITIO	ON (Name of		DATE 20c. LO	CATION -	City or Town, State	
	4 Donation 5 Other (Specify)	Oval Irom State	cemetery, cre	ematory or o	TLL CE	METER	Y	GLE	N BUI	RNIE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	, obe	1			DRESS OF F			,	
	· Clua II	10	0	1					NERA	I. HOME P	Α
	Caca	-11.	1000		191	3 W. B	ALTIMO	ROWN JR. FU RE ST. BALTO.	MD. 2	21223; P.O.	EOX 4433
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):										
與	d										
MEDICAL	PERFORMED? 1 DAS 2 NO OF D							24b. WERE AUTO AMALABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE		
Z	25. WAS CASE REFERRED TO MEDICAL					26, PLACE D	F DEATH (C)	heck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	1		OTHER:						
₹	1 XYES 2 NO	1 Inpatient 2X		-				8 Other (Specify)			
표	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	IE OF 28 JURY	c. INJURY A WORK?	Т	28d. DESCRIBE HOW	NJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation	12 12	1992	8:3	5 P 1	YES	2 X NO	Pedestri	22 0	truck_b	+
	3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At he			office		28f, LOCATION (Street	and Number		
Ħ	4 Homicide determined	building,	etc. (Specify) stree					City or Town, State)		
Щ		OII	20166	L				2500 W.	Bal	to. Str	eet
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE							a to the cause(a) and ma b lime, date and place, ar			or as stated.
	29b. SINIATURE AND TITLE OF MERTIFIE			200	LICENSE NU	MAFR	204 54	E SIGNED #4	Mari		
BE	(NO)10 - 50							E SIGNED (Month, Day,			
2	and told	Jywo				10	.C.M.	Е.	1	.2 13 19	92
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE			tree	- D-	altimore,	Mar	bue land	21201
	31. DATE FILED (Menth, Day, Year)	324 REGISTRA	R'S SIGN NEURE	1 00	LIII S	TTEE	, DC	TT CTHIOTE,	rial	. y .Lanu	41401
	DEC 1 8 1992	grina Day	H'S SIGN TORE	400							



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BALTIMORE, MARYLAND 21215-0020

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

has been signed by t Dept. of Health and shows any

this certificate h

After

DIRECTOR: /

Items 23 Part	I,27,28a-f,	per MEO,	G-695,1/	4/92 gn
2-7156-510				
1 h				

92 35551

HEALTH AND MENTAL HYGIENE

	Items 23 Par	t I,27,	28a	- f,	per	- M	ЕΟ,
	92-7156-510						
	blh						
	1 - FOR STATE REGISTRAR	STATE OF I	MARYL		DEPAR		
	1. DECEDENT'S NAME (First, Middle, Last)						
	Sylvester				Sha	w.	Jr
ı	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. lesi		IF UND	ER 1 YEA
	220-84-5936	1 🔀 M 2 🗌 F		30	YRS.	MONTH	DAY
1	9a. FACILITY NAME (If not institution, give s	treet and number)				9b. Cl	TY, TOW
	Johns Hopkins	Hospit	a.l.				Bá
1	RESIDENCE OF DECEDENT						
	10a. STATE 10b. COUNTY	7			10c. CIT	Y, TOWI	OR LO
	Maryland				Ba	lti	mor
d	10a. STREET AND NUMBER						
	734 W. Fayette	Street	: Ap	t.	802		
١	11. MARITAL STATUS	12. WAS DECEDEN				1	3. WAS I
1	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V					1 🔲 1
	3 Widowed 4 Divorced						
1	15. DECEDENT'S EDU (Specify only highest grade				CEDENT'S		
1	Elementary/Secondary (0-12)	College (1-4 or 5	+)		Do NOT u		
1							
1	17. FATHER'S NAME (First, Middle, Last)						
	Sylvester S	haw. Sr					
1	19a. INFORMANT'S NAME (Type/Print)			198	. MAILING	ADDRE	SS (Stre
ı	Geraldine Sha	W		7	34 V	L	Fav
	20e. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)	oval from State		netery, cre	matory or o	ther plac	(0)
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11	1			2. NAME

F DEATH REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 12 $\mathbf{p}^{\mathbf{M}}$ 14 992 10:44 IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 04-26-62 HOURS Maryland 9c. COUNTY OF DEATH N OR LOCATION OF DEATH altimore CATION 10d. INSIDE CITY LIMITS? e City 1 X YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21201 US DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. specify Cuban, Mexican, Puerto R Black ATION most of working 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Geraldine Hutchinson et and Number or Rural Route Number, City or Town, State, Zip Code) ette Streett Baltimore. MD 21201 DATE 20c. LOCATION — City or Town, State AND ADDRESS OF FACILITY Irvin Carroll Funeral Home 1712-14 W. North Avenue 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. intarval Betw Onset and Death IMMEDIATE CAUSE (Final Acute cocaine and narcotic intoxication disease or condition _____ DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 ☐ Inpatient 2 № ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural /14/92 found 0:00pM 1 YES 2 NO ubject ingested 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number City or Town, State) 8 Could not be determined 4 Homicide unknown 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. IL SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Ho O.C.M.E 15 1992 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BY FUNERAL DIRECTOR COMPLETED 8 2 CERTIFICATION MEDICAL PHYSICIAN: ВҰ COMPLETED 踞 0 0 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE

a Daydson-handele 31. DATE FILED /Month 1992 DHMH-16 Rev 1/89

N. PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Ihm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MA	IDVI AND A	DEDAD	78454	T 05		441B				35	552	
	1 - STATE REGISTRAR	STATE OF MA	CI	DEPAK ERTIF	ICAT	F OF	DEAT	AND	MENTAL	HYGIE				
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH			3. TIME OF DE	ATH
	Joseph L. Sewell							MONTH DAY YEAR			10:00			
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		1000			NPLACE (State or	
		1 M 2 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	03	Day, Year)	L-25	Count	m larvlar	
	9e. FACILITY NAME (If not institution, give street	et end number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF D	EATH		_	INTY OF D	-	Id
9	851 Geørge St. Apt 7B					Ва	1 t i n	ore	Cit	W				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY													
E E					TOU. INSIDE						10d. INSIDE CIT LIMITS?	ΓY		
	Maryland 100 STREET AND NUMBER				Baltimore City				<u> </u>				1 X YES 2	
FUNERAL	951 Coorse Chr		. 7 10		101. ZIP CODE						10g. CIT		WHAT COUNTRY?	,
Z	851 George Str	12. WAS DECEOENT E			Lan	WH 0 DE	212		NIC ORIGIN? (Specify Yee or No.— 14, R					
	1 Never Merried 2 X Merried	FORCES? 1 X	YES 2 P	NO	13.	If yee, sp	pecify Cuba	n, Mexica	in, Puerto Ri	(Specify Yes	e or No—	14. RACE Black	E — American Inc k, White, etc.	ilen,
B	3 Widowed 4 Divorced	WWII				1 YES	2 🔀 NO	Specif	y:			Speci	Black	r
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	FION (moletad)	18a. DE	CEDENT'S	USUAL C	CCUPATI	ON		16b. I	(IND OF BU	JSINESS/INI	DUSTRY	DIACK	-
9					nd of work done during most of working IOT use retired.)									
COMPLETED									cor	stri	ıcti	on		
	17. FATNER'S NAME (First, Middle, Last)								ME (First, Mi					-
BE	Joseph Sewell								on M					
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Dorothy Se	rro 1 1							Route Numbe					
	200. METHOD OF DISPOSITION	MEIT						Ap	ot /B				MD 21	.201
	1X) Burlet 2 Cremetion 3 C Ramoval from State													
	4 Donestion 5 Other (Specify) Garrison Forest VA Owings Mill, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	D 0	7	20				-		Nor	th A	Vani	10		
	The state of the	wroc				Irv	in C	arr	011	Fune	ral	Hom	e	
	23. PART i. Enter the diseases, or con ahock, or heart fellure. Lis	nplicetions that care only one ceuse	aused the de on each ilne	ath. Do n	ot enter	the mo	de of dyle	ng, auc	h as cardia	c or resp	Iratory ar	reat,	Approxin	
	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death) a. Odlo Chrama Metastatic Inor								inth					
		DUE TO (OF	R AS A CONSEC	DUENCE OF):		10.1							
ŏ.	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):													
₹.	cause. Enter UNDERLYING	, , , , , , , , , , , , , , , , , , , ,		VUENUE OF	,.		')				
Ĕ	CAUSE (Disease or injury that infiliated events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	reaulting in death) LAST	d												
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL	T													
	The state of	chana	Ent	en Diabetes Mellitus					III I	YES :	NO		COMPLETION OF OF DEATN?	CAUSE
Σ	1 YES 2 NO								NO					
AN	25. WAS CASE REFERRED TO MEDICAL													
SIC	EXAMINER? HOSPITAL: OTHER:													
H	27. MANNER OF DEATN	28e. DATE OF INJ			7		Home 5 Pesidence 8 Other (Specify)							
	Natural 5 Pending	Natural 5 Pending (Month, Day, Year)				28c. INJURY AT WORK?			28d. DESCRIBE NOW INJURY OCCURED					
) BY	3 Culaida	2 Accident Investigation 28e PLACE OF IN HIDY. At home form that A thorn form the Accident						281. LOCATION (Street and Number or Rural Route Number,						
TEL	4 Nomicide Scientific details at the second control of the second					i	City or	Town, State	one monitori	or nurar ra	odie Namber,			
PLE	29a. CERTIFIER (Check only	N: To the beet of my	knowledge, das	th occurre	d at the t	lme dete	and plane	and due	do dha da a	(a)				
COMPLETED	one) 2 MEDICAL EXAMINER: C	on the basis of exam	Ination and/or in	rveetigation	, in my o	pinion, d	eath occure	d at the	time, data an	d pleca. ar	ind due to th	eG.	and menner ec	stated
	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month Day Month)													
BE	Last Crohe m				are. LIGET	.SE NOM	-UEN		290. OATI	SIGNED	(Month, Day, Year)			
2	30 NAME AND ADDRESS OF BEDSON WILL O	N. V.			-		_			_		1	1170	

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31. DAYE FILEO (Month, Day, Year)
DEC 1 8 1992

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Poz REGISTRAR'S SIGNATURE

Joseph Joseph

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit.	oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL (
SATIVEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MEM_URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	THE IZ DOURS AREL GEARTH WITH THE STATE DEPT. OF HEARTH AND MERICAL HYGIERE PRIOR TO DUNIAL, CREMATION, OF REMOVAL.	MT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	L.JR.							92	35	552	
	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	٧.	YEAR. 3.	TIME OF DEATH	_
DIRECTOR	MARTIN 4. SOCIAL SECURITY NUMBER	FUGENE		THOMAS		1.2			52		P _M
	220-74-2283	1 💢 M 2 🗆 F	(In yrs. last birthday) 24 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE 0 (Month, 5 —	29-68	3	Country)	NCE (State or Foreign	
	9s. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH			
	JOHNS HOPKINS	S HOSPITAL		BALTIM	ORE						
REC	10s. STATE 10b. COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION Baltimore				10d. INSIDE CIT LIMITS?			
	MD 100, STREET AND NUMBER	AND NI IMPEO							1)	YES 2 NO	
FUNERAL	1225 Linworth Ave. Apt. 2B			21239				USA			
F	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. V. 1 Never Married 2 Married FORCES? 1 YES 2 V.			RMED 13. WAS DECENDENT OF HISPANIC ORI				or No- 1	I. RACE — Black. W	American Indian,	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			NO Specif						
ETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of a	USUAL OCCUPATION work done during most se retired.)	t of working	16b.	KIND OF BUS	HNESS/INDU			
PLE	Elementary/Secondary (0-12) 10th grade	College (1-4 or 5 +)		,							
COMPL					18. MOTHER'S NA	AME (First, M	iddle, Malden	Surname)			
ш	Edward Francis Thomas Sr				Franc				ing		
TO B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street sno						21239	
	Dreama Thomas 200. METHOD OF DISPOSITION			Linwor		_	7				
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State Competer, Crematory or other place! Competer of Compet										
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	D/Vancood	1 STAT	PAHA		144.504			04 5			
	23. PART Il Enter the diseases, of o	complications that cause	ed the death. Do r	ot enter the mod	e of dving suc	h as cardi	1./il	UI E	. NU	RTH AVE	
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death										
	disease or condition										
		DUE TO (OR AS	A CONSEQUENCE OF	F):							
ON	Sequentially list conditions, if any, leading to immediate										
CAT	CAUSE (Disease or injury										
E	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):									_	
		DUE TO (OR AS	A CONSEQUENCE OF	F):							- 1
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):							
0		d			ceuse given in	Part I.	24s. WAS AN			RE AUTOPSY FINDING	38
0	resulting in death) LAST	d			ceuse given in		24s. WAS AN PERFOR	MED?	CO	MARLE PRIOR TO	
0	resulting in death) LAST	d			ceuse given in		PERFOR	MED?	CO OF	ILABLE PRIOR TO	
0	PART II. Other significent condition	d		in the underlying			PERFOR	MED?	CO OF	MADLE PRIOR TO MPLETION OF CAUSE DEATH?	
0	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	but not resulting i	in the underlying 28. PLA OTHER:	CE OF DEATH (Ch	neck only one,	PERFOR	MED?	CO OF	MADLE PRIOR TO MPLETION OF CAUSE DEATH?	
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PHYSICIAN: MEDICAL C	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: XX	but not resulting	28. PLA OTHER: 4 Nursing Home E OF 28c. INJUI URY WORI	CE OF DEATH (Ch	seck only one	PERFOR 1 VES 2 (Specify) RIBE HOW IF	MED? NO	COO OF	ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, and David The law requires that the death certificate he executed

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Furthering Physician: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The CITA After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transport death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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the death certifing the attending of Mental Hygien Injury, or oth	
aw requires that s been signed b pt. of Health ar 23 shows any	
HYSICIAN: The his certificate ha with the State D ted. or item?	
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	FOR STATE OF MARYL	AND / DEP	ARTMENT OF	HEALTH AND	MENTAL HYGIE	NE 92	2 35554		
	1. DECEDENT'S NAME (First, Middle, Lest)	CERT	IFICATE O		REG. N	10.	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthde	(ay) IF UNDER 1 YEA	7. DATE OF BIRTH B. E		C2 530 P M B. BIRTHPLACE (State or Foreign			
	331-20-2274 V√X M 2 □ F (64 YRS			05-06-28		Illinois		
TOR.	Howard County General Hospita	1	Columl	n or location of d	EATH	9c. county of Death Howard			
DIRECTOR	Maryland Howard		city, town or Lo	CATION		10d. INSIDE CITY LIMITS? 1/2/ YES 2 \(\text{NO} \) NO			
FUNERAL	100. STREET AND NUMBER 7634 Moon Portrait Way			21046		10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN FORCES? 1/1/1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPAI specify Cuban, Mexico (ES X X) NO Specif	an, Puerto Rican, etc.)	N? (Specify Yes or No— 14. RACE — American Ind Black, White, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		IT'S USUAL OCCUP. If af work done during IT use retired.)	ATION most of working		16b. KIND OF BUSINESS/INDUSTRY Civil Services			
COM	12 0 Engineer 17. FATHER'S NAME (First, Middle, Last) Stanley Tollick Irene				AME (First, Middle, Meid		cez		
TO BE	19a. INFORMANT'S NAME (Type/Print) Arthur Tollick		Irene Summers 196. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 7634 Moon Portrait Way, Columbia, MD 21046						
	20s. METHOD OF DISPOSITION 1 Burlel 2 Department of Date Date 1 Date Date Date Date Date 1 Date Date Date Date Date 1 Date Date Date Date 1 Date Date Date Date Date Date 1 Date Date Date Date Date Date Date 1 Date Date Date Date Date Date 1 Date Date Date Date Date Date Date 1 Date Date Date Date Date Date Date 2 Date Date Date Date Date Date Date 2 Date Date Date Date Date Date Date Date Date 2 Date Da						· · · · · · · · · · · · · · · · · · ·		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	20.0	Flee	ck Funeral	l Home, Ir		1, MD 20707		
	23. PART i. Énter the disease, or complications that cached the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each light. Approximate interval Between								
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):						Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. TUNEY CELL LISTS								
	PART II. Other significant conditions contributing to deeth be	ut not resultir	ng in the underly	ring ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	Anoma - hemolytic 1 yes 2 NO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
YSIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ВУ РН	27. MANNET OF DEATH 1 Notural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED								
8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Rown, Stete)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the bests of examination								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Smith	D		29c. LICENSE NUI	MBER 76	29d. DATE	SIGNEO (Month, Day, Year)		
Richard W. Swith, M.D. 10802 Hickory Ridge Rd. Columbia MD. 21044									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Typo, I Richard W. S. H. M. D. 10802 Hickory 31. DATE FILED (Month, Day, Year)

DEC 18 1992

July Davidson Roman

REG. NO.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) MANIJEH 2. DATE OF DEATH 3. TIME OF DEATH VANIA 4. SOCIAL SECURITY NUMBER 210 12 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. A. BIRTHPI ACE (State or Formi (Morth, Day, Year) 02-01-10 Pakistan 1 - M 2 X X F 579-78-1553 director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Grove Shady 60 RESIDENCE OF DECEDENT DIRECTOR Rockville Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Montgomery Rockville 10a, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7104 Copperwood Court 20855 USA comments of the form of the state of the sta 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican,

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced Asian COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 12 dary (0-12) College (1-4 or 5 +) Homemaker Own Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Hormusji Dubash Jerbai Mistry BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Kamal Tengra 7104 Copperwood Court, Rockville, MD 20855 must be r 20s. METHOD OF DISPOSITION
1 Durlai 2\(\infty\) Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Baltimore-Washington Crematory | Laurel, Maryland examiner 21. SKINATURE OF FUNERAL SERVICE funeral (Fleck Funeral Home, Inc. 7601 Sandy Spring Rd., Laurel, 20707 The attending physician and completely filled in by the Mental Hygiene prior to burtal, cremation, or remost. medical ons that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the disea Approximate shock, or heart letters. List Interval Between IMMEDIATE CAUSE (FIRE Onset and Death disease or condition resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be secured within DIRECTOR. After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burist, cremat traumatic event, A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions appriribating to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Disease Shows any T YES 2 THO ascht t YES I NO rephera hes by Dept. PHYSICIAN: Item 23 25. WAS CASE REFER ED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMPLER? HOSPITAL: nt 2 - ENOut ĕ 27. MANNER OF DEATH 28s. DATE OF INJURY (Mooth, Day, War) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY DOCUMED is marked, 1 Matural 1 YES 2 MO BY 2 Accident 25s. PLACE OF INJURY - At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Reen, State) 3 Suicide COMPLETED 6 Could not be 28 4 Hamicid TO THE HOSPITAL OF ATT TO THE FUNE FAL DIRECT DE GLEET WITHIN 72 HOURS IMPORTANT: IT ITEM 21 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and di THE SHONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 28656 121 MD 2 MAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TYEM, 27) (Type, Print) Ave MD 2609 MD. 20910 31. DATE FILED (Month, Day, Year) 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Erik 1032A " liams 2 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 1 M 2 - F D83-07-2200 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SUBURBA RESIDENCE OF DE HESDA MONTOGOM GRY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 FES 2 NO MD MONTGONER ETHESDA 10e, STREET AND NUMBER 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 7720 ON 2081 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES XX NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Mary Specify. 3)(X) Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe ndary (0-12) College (1-4 or 5+) Architect Architect Firm 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ouis Williams Caroline Larsen 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul J. Williams 7720 Groton Rd., Bethesda, MD 20817 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, Stata DATE Bartimore-Washington Crematory Laurel, Maryalnd 4 ☐ Donation 5 ☐ Other (Specify) Fleck Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERV 7601 Sandy Spring Rd., Laurel, MD 20707 23. PART I. Enter the dia that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shoet, or heart failure. List or Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) MYDE ARBIAL

OUE TO (OR AS A CONSEQUENCE OF): ARTERIOSO LEROTIC Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 DINO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 | NO

5 Pending investigation

8 Could not be

27. MANNER OF DEATH

Notural N

2 Accident

3 Suicide

4 Homicide

HOSPITAL: nt 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year)

4 - Nursing H 28b. TIME OF INJURY

26. PLACE OF DEATH (Check only one) 28c. INJURY AT WORK?

28d. OEŞCRIBE HOW INJURY OCCURED

COLLAYSED

1 YES 2 NO 12 12 28e. PLACE OF INJURY — building, etc. (Specify)

Home

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and man

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place

290. SIGNATURE AND	TITLE OF CERTIFIER	7///	1 1/1
7	11	14/12	1110
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AUSE OF DEATH (ITEM 27) (Type Print) ERNWOOD

RANCIS 31. OATE FILED (Month, Day, Year)

hegistran's signature Davidson-fander

1992 8

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nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 The law requires that the death certificate be executed within BOX 68760. o CORDS.

the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

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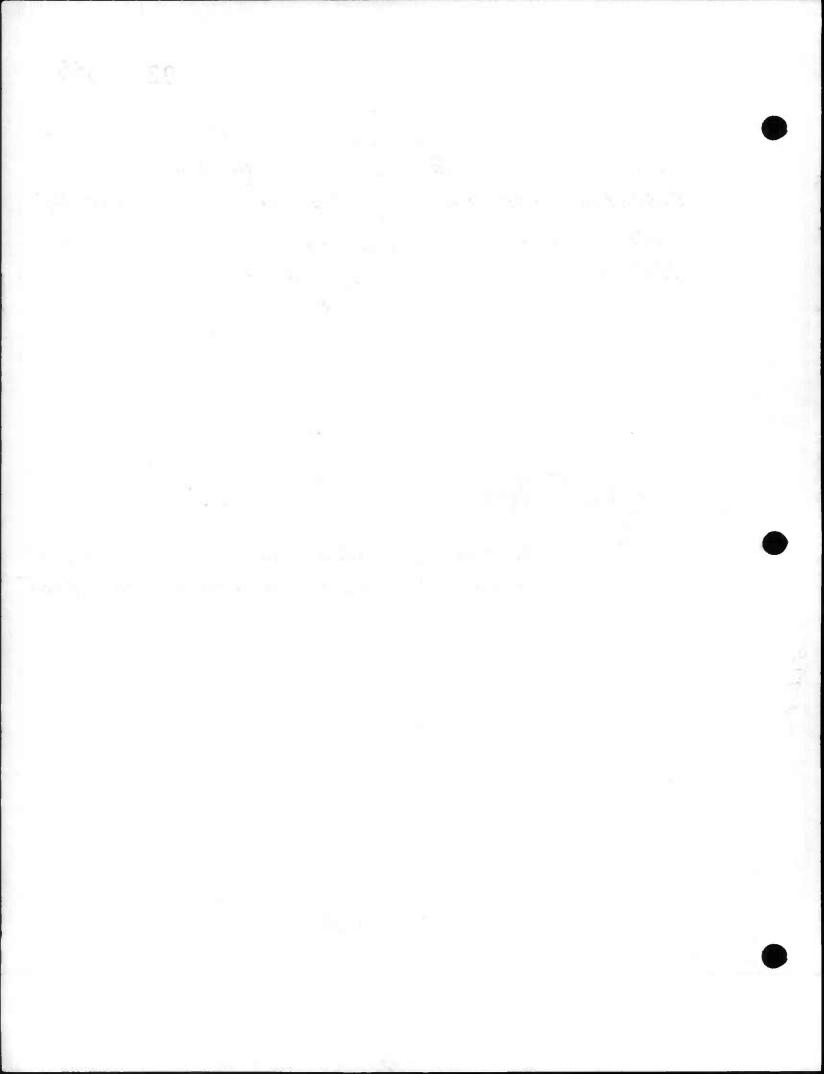
PHYSICIAN: MEDICAL CERTIFICATION

or removal. medical

has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burial, cremation, or remo

OR ATTENDING PHYSICIAN:

TO THE HOSPITAL OR ATTENDING TO THE FUNESAL DIRECTOR: At be Thodawith 72 hours after der IMPORTANT: If Nem 28 is r



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	1 - STATE REGISTRAR			EKIIF	ICATE	OF H	DEATH	MENTAL HYGIE REG. N	NE 7 4	35557
	1. DECEDENT'S NAME (First, Middle DER HS	e, Last) DER	HSIEN YAO	YAO				2. DATE OF DEATH MONTH		YEAR 6 220
	4. SOCIAL SECURITY NUMBER 220-15-8709	5. SEX 1 M 2 F	6. AGE (In yrs. 65	last birthday) YRS.		AYS	IF UNDER 24 HRS. HOURS MIN.		927 0	8. BIRTHPLACE (State or Forei Country) hina
OB	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OR									TY OF OEATH
DIRECTOR		county	-		y, town or i		ION			10d. INSIDE CITY
FUNERAL D	100. STREET AND NUMBER 2205 Waterval			l ra	11500	10f.	. ZIP CODE 21047			1 ☐ YES 2 🛣 NO
ВХ	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced		NT EVER IN U.S. I YES 2X	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V				China Yes or No— 14. RACE — American Indian, Black, White, atc. Specify: Oriental		
ETED		r's EDUCATION est grade completed)	rade completed) (JPATIO	ON st of working	16b. KIND OF I	BUSINESS/INDU	
COMPL	12 17. FATHER'S NAME (First, Middle, I		College (1-4 or 5+)			_	40 MOTUEDIO NA	Libra		
BE C	Kan-Fu Lee						Wen-Yin			
2	Mrs. Karen Won				as #10		nd Number or Rural i	l Route Number, City or Town, State, Zip Code)		
	20s. METHOD OF OISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Specify) 20c. LOCATION — City or Town, State 20c. LOCATION — City or To									
1	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204									
	23. PART I. Enter the disease shock, or heart find immediate CAUSE (Final disease or condition resulting in death)	e. Con	et caused the use on each if	ne.						Onset and D
CERTIFICATION	disease or condition resulting in death) • Canada Sepsis (overwhelming) Due to (or as a consequence of): Full minant hopatic failure (CAH) years if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST • Canada Sepsis (overwhelming) Full minant hopatic failure (CAH) years oue to (or as a consequence of): Canada Sepsis (overwhelming) Full minant hopatic failure (CAH) years oue to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of):									
: MEDICAL	PART II. Other significant co	nditions contributing to	death but no	t resulting	in the unde	rlying	g cause given in		ORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF OEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHER:		ACE OF DEATH (Ch	eck only one) 8 Other (Specify)		
	27. MANNER OF DEATH	28a. DATE O		28b. TIM	E OF 28	ic. INJU	URY AT RK?	28d. DESCRIBE HO	V INJURY OCCU	PREO
ED BY	2 Accident Investi 3 Suicide 8 Could 4 Homicide determ	not be 28a. PLACE building	OF INJURY — At atc. (Specify)	home, farm,			ES 2 NO	281. LOCATION (Stre City or Town, Sta		r Rural Route Number,
COMPLETE		3 PHYSICIAN: To the best of								f. cause(a) and manner se state
B	296. BIGNATURE SHIP TITLE OF CO	- 10	-				29c. LICENSE NUI			SIGNEO (Month, Day, Year)
2	PRAVASH	SAMPATI	SE OF DEATH (I	TEM 27) (1)po	JOHN	<u> </u>	HOPH	CINS H	OSP.	BALTIMO

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burial-transit permit. Pages 1, 2, 3 should

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THE MAN THE STOCKET, THE TANK THE TRANSPORT OF CHARGE OF CACCUSA WITHIN 24 HOURS AFTER DEADLY. FAGE OF HEALTHEN DY THE MOSPITAL OF ATTENDING	Tection. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the same with the State Dark of Hasth and Marriel Akrainae and or he had been able to be hard to be detached for use as the	í	in 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

Jan de Trans Ashares

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11. DATE FILED (Mornth, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 35558 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 1992 Minna Kaethe Zavetz Maria 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 💭 F 10-17-1919 213-34-5923 Germany 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4331 East Joppa Road Perry Hall Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Perry Hall 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4331 East Joppa Road 21236 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify ВҰ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Waitress Karson's Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Paul Schulze Emilie Kujawa BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosie Butler East Joppa Rd Perry Hall. 4331 Maryland 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ※ Cremation 3 ☐ Rar 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cometary, cramatory or other place)
HILLOP Service Corp. 4 | Donation 5 Other (Specify) 12/18/92 Towson, Maryland 21. SIGNATURE OF FONEHAL BEHVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave.. Dundalk, Maruland 23. PART i. Enter the diseeses, or complications that aused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximata interval Between ahock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 110 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homleide 29a. CERTIFIER

(Check not)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

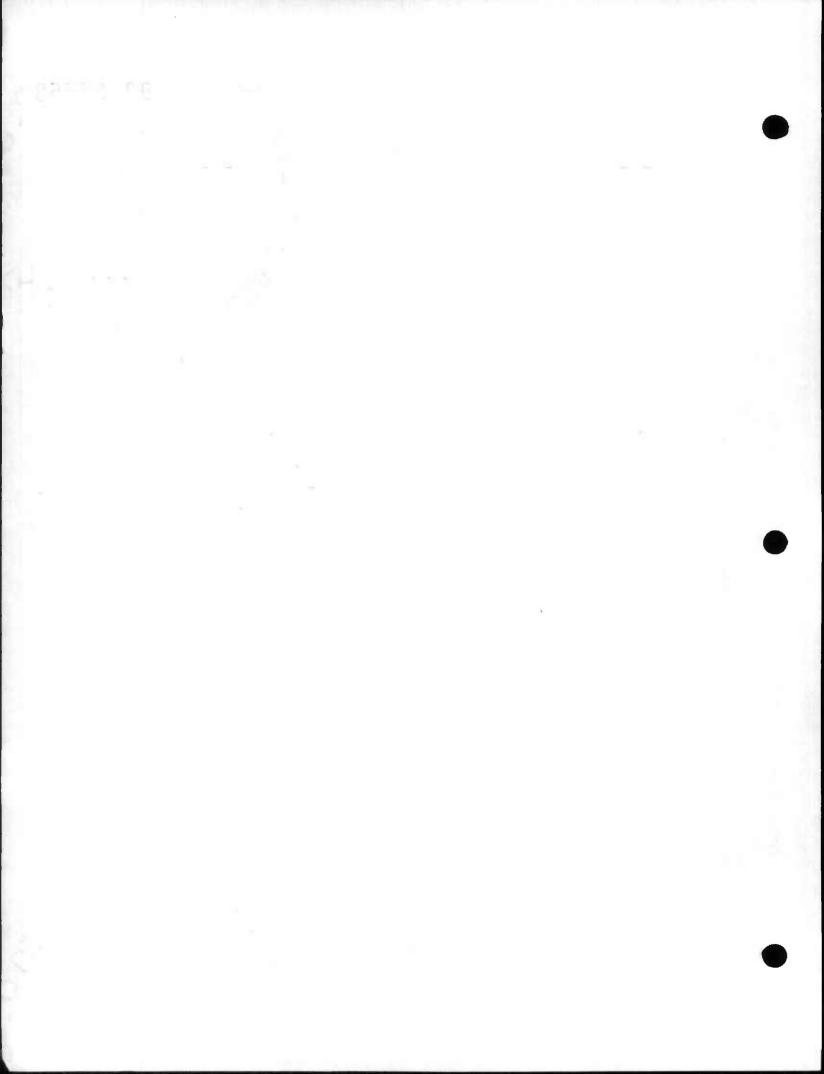
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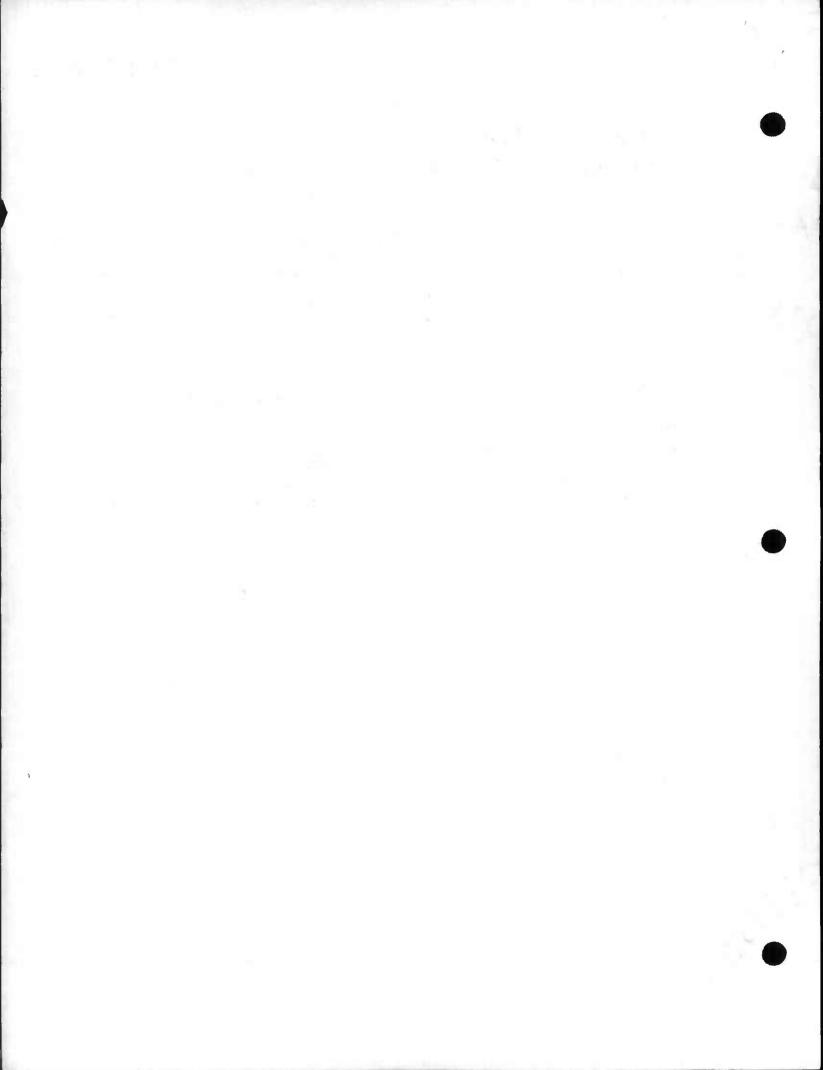
29d, DATE SIGNED (Month, Day, Year)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPI 1 - M 2 X F use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? JARYLAND imar AL 1 YES 2 NO 10e. STREET AND NUMB 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21236 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — Ame Black, White, BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marri 1 YES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Hows notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 9 19a. INFORMANT'S NAME Alype/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 2 -DATE 20a. METHOD OF DISPOSITION
DI Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must director, 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SVANS CHARLOF the funeral HARFORD or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdlec or respiratory arrest, shock, or heart fellure. List only one cause on each line. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or remo Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Metastatic resulting In death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any Injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA Hospice 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, Netural 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED Item 28 4 Homicide 29a. CERTIFIER
//Chack only
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of exa mination and/or investigation, in my opinion, death occured at the tima, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITUE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 五五百 La D 27087 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204 32. REGISTRAN'S SIGNATURE 31. DATE FILED (Month, Day, Year)



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YEAR	3. TIME OF DEATH	
2	6:33PM	0
B. BIRTH	IPLACE (State or Foreign	

		1. DECEDENT'S NAME (First, Middle, Last)	_					2. DATE	E OF DEATH	MY	YEAR 3.	TIME OF DEATH
			Tammy Ga					Dec		199	2	6:33PM M
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	"	IF UNDER 1 YEA		7. DATE (Mort	th, Day, Year)		8. BIRTHPL. Country)	ACE (State or Foreign
9	1	218-96-2045	1 🗆 M 2 🖵 F	22	YRS.			July	1, 19	270	Mary	and
2, 3 should	DIRECTOR	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH Franklin Square Hospital Residence of Decement Residence of Decement										
68 1,	E C	10a. STATE 10b. COUNT			10c. CITY	, TOWN OR LO	CATION					d. INSIDE CITY
S.	뜸	Maryland Balti	more		Ess	203						LIMITS?
permit. Pages	A	10e. STREET AND NUMBER		200	Jean I	101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		75	
is.	8	819 Cedar Avenue					21221			U.	S. A.	
020 physician. burlal-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S.AR	MED	13. WAS (DECENDENT OF HISP apacity Cuban, Mexic	ANIC ORIGI	N? (Specify Ye		14. RACE	American Indian, White, etc.
0 pg ag	BY	Never Merried 2 Merried FORCES? 1 YES 2 3 Wildowed 4 Divorced FYES, GIVE WAR OR DATES					ES 2 NO Spec		rican, etc.)		Specify:	White
215 intend	8	15. DECEDENT'S ED				USUAL OCCUP		16	b. KIND OF BU	SINESS/INDI	USTRY	WILLE
F 5 3		(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ive kind of w Do NOT us	rork done during e retired.)	most of working					
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LAND the hospits detached	ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Maider	Sumame)		
A d by	BE (Walter G. Alt					Janie	Tet	er			
MARYLAND retained by the hospit S should be detached notified at once.	10	19e. thFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Stre	et end Number or Rura			vn, State, Zip	Code)	
E, N y be re yage 5		Walter G. Alt		8	19 (Cedar /	venue E	ssex.	Mary	and 2	1221	
Et ba		20a. METHOD OF DISPOSITION 1 □ Burial 2 📆 Cremation 3 □ Ren	noval from State	cometani cre	matory or of	F DISPOSITION	(Name of	OA	TE 20c. LC	CATION - C	ity or Town	
ALTIMOR death. Page 6 ma b funeral director, p examiner must		4 Donation 5 Other (Specify)		Green	Mount	Crema	torium 1	2/18/	1992	Balti	more	Md.
ALTIN death. Pag b funeral did 1. examiner		21. SHOWATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA										
m	1	Mul	sugge	ne,							Marrel	land 21221
hours after d in by the or removal		23. PART I. Enter the diseases, pr	complications that co	sused the de	ath. Do n	ot enter the	mode of dying, su	ch as car	diac or resp	iratory arre	est,	Approximate
D D D E		ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	on each line								Interval Between Onset and Death
· 2 = =		disease or condition resulting in death)	Sepsis									
ted within 24 it completely fille ial, cremation,		resulting in death)		AS A CONSEC	DUENCE OF):						
executed within and completely o burial, cremar matte event,	z	Occupation that constitution	b. Pneumon	ia-Adı	111+	REspi	ratory	Diet	rocc	Cund	romo	
O. BOX 68: ertificate be execute ng physician and cr giene prior to buria	티	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	WENCE OF): Topi	racory	DIGE	1.000	oyna.	LOME	
BOX cate be es hysician a e prior to er traum	2	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events out to (or As A CONSEQUENCE OF):										
P.O. ith certification is the second of the	E	that initiated events resulting in death) LAST										
OS, P.O. he death certi the attending Mental Hygie	CERTIFICATION		d									-
		PART ii. Other aignificant condition		ath but not r	esulting i	n the underly	ring cause given i	n Part i.	24a, WAS AF			ERE AUTOPSY FINDINGS
ORC that the ed by the	MEDICAL	Cerebral Palsy							CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
RECO! requires the ren signed of Health a	N N	Seizure	Disorder								1	YES 2 NO
F VITAL F SICIAN: The law r certificate has be the State Dept. , or item 23 s	SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only o	ne)			
VIT AN: Ufficat e Sta	SIC	1 TES 2 TINO	HOSPITAL:	R/Outpatient 3		OTHER: 4 Nursing H	lome 5 🗀 Residence	6 Oth	er (Specify)			
OF VI PHYSICIAN: this certifical with the St rked, or II	PHYSICIAN:	27. MANNER OF DEATH	28s. DATE DF INJ (Month, Day,		28b. TIME		INJURY AT WORK?	28d, OE	SCRIBE HOW	INJURY OCC	URED	
ON OF DING PHYSI After this or death with t	ВУ	1 Naturat 5 Pending 2 Accident Investigation		1537			YES 2 ND					
ON A P S	0	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY — At ho. (Specify)	me, farm, s	treet, factory, o	ffice	261. LO	CATION (Street or Town, State	end Number	or Rural Rout	e Number,
VISI ATTEN ECTOR:	E	4 Homicide determined										
	COMPLETE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, de	ath occurre	d at the time, d	late and place, end du	e to the ca	use(e) end ma	nner as state	d.	
E FUNDAL MANTE II	NO.	One) 2 MEDICAL EXAMIN	ER: On the basis of exam	Instion end/or I	rrvestigation	n, in my opinio:	n, death occured at th	e time, det	e and place, a	nd due to the	cause(a) ar	nd manner se stated.
3515	O	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE N	UMBER		29d. DATE	SIGNEO (M	onth, Day, Year)
2 2 2 2	0	Prima	-	>						1/2	2-1	1.07-
	0	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE (OF OEATH (ITE	W 27) (Type,	Print)			_	10		70
		Dr. F. Buer	a. M. D			9000	Framkl	in c	O-1011	o D-		21225
	ı	31. DATE FILED (Month) Day (1917)	A PLANTARS	elchorbe	160	73111	<u> </u>		- Tanax	O Dr	TAO-	2123/
		DEC & 1 1336	0									

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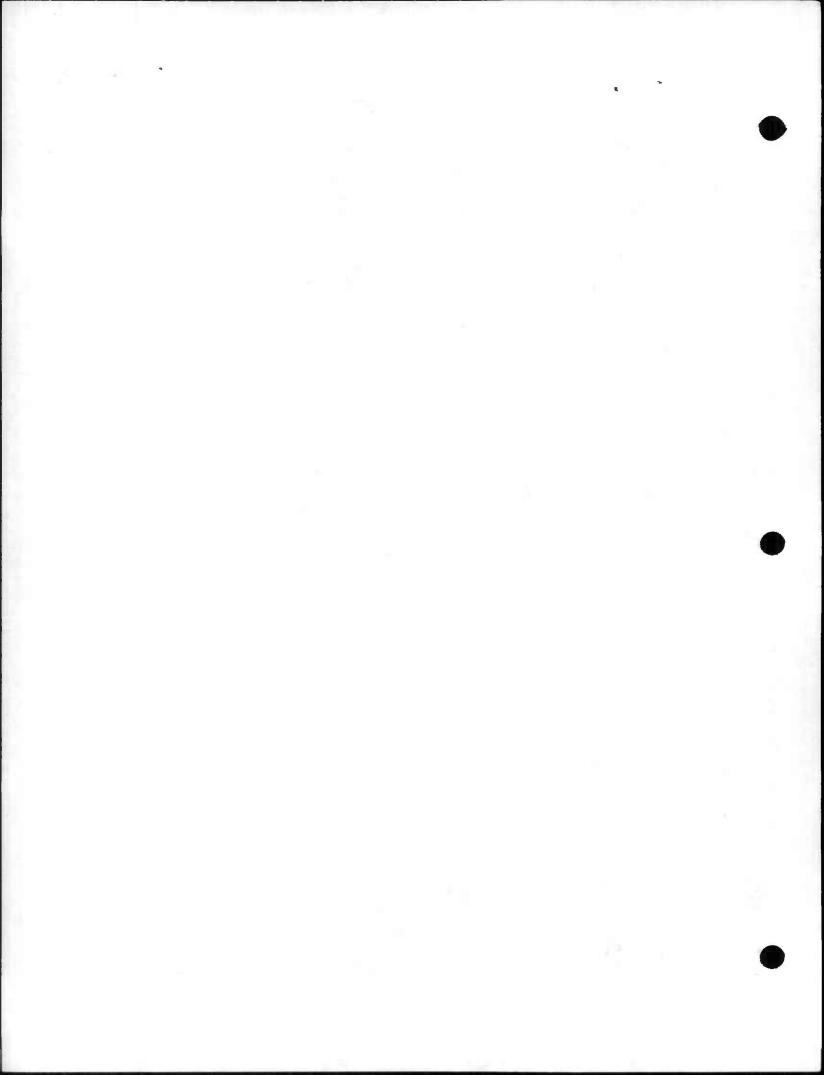
DEC 21 1992

Items 23 Part I,27,28a-f, per MEO, G-694, 12/28/92gn 92-3556 | 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TYRONE B. **ADAMS** 9:05 A . M 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 47 12/06/45 212444203 MARYLAND. use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WHITE MARSH (Rosedale) 411 POTOMAC AVE BALTIMORE COUNTY RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Œ BALTIMORE ROSEDALE 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 411 POTOMAC AVENUE 21237 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. y filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? TYPYES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ΒY 1 - YES 2 1 NO Specify: 3 Widowed > Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) ELECTRICIAN ELECTRIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at HUBERT ADAMS BE LOUISE MOORE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)
7924 35th St. Baltimore, MD 21237 9 Hank Heise a 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 12/19 BALTIMORE, MD METRO CREMATORY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY CVACH/ROSEDALE FUNERAL HOME en filled in by the filon, or removal. 1211 CHESACO AVE 21237 medical 23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw completely filled rial, cremation, o IMMEDIATE CAUSE (Final Onset and Death event, the disease or condition a. Acute narcotic and ethyl alcohol intoxication resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF) burial. traumatic CERTIFICATION physician and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST 6 certificate has been signed by the hthe State Dept. of Health and Mei PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS requires that the MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 XYES 2 NO 1 □ YES 2 □ NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 X Xesidence 6 - Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED With is marked, (Month, Day, Year) ound: 12/17/92 this 1 Netural Pending investigation 1 YES 2 X NO death BY 9:00A FULLERAL DIRECTOR: After Within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) / 1 1 D 0 + 0 m 2 C 3 Suicide 6 X Could not be City or Town, State) 4 1 1 Potomac Balto., MD COMPLETED 28 4 🗌 Homicide Found: Home ORTANT: If Item 29s. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND AFTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hute m 12-18-1992 O.C.M.E. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

22 DESISTEMES SHOULD



BALTIMORE, MARYLAND 21215-0020

PIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE PUNEMENT OF THE PUNEMEN MPOPEANT

nem 25 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1	FOR STATE REGISTRAR
	1. DECEDENT'S NAME (First, Midd
r	4. SOCIAL SECURITY NUMBER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	NO.	
1. DECEDENT'S NAME (First, Middle, Last)	WARV	n amprea			2. DATE OF DEATH DEC. 17	^{MY} 1992	3. TIME OF DEATH
A COMMITTED AND AND AND AND AND AND AND AND AND AN		P, AMELIA			+	. ,	1200
4. SOCIAL SECURITY NUMBER 213-28-5324	1 □ M 2 🔰 F	82 YRS.	ONTHS DAYS F	IF UNDER 24 HRS.		1910 W	BIRTHPLACE (State or Foreign Country) IASH . D . C .
9a. FACILITY NAME (If not institution, give: MERCY MED.CEN RESIDENCE OF DECEDENT		91	BAL	TIMOR	-	9c. COUNTY	OF DEATH
10s. STATE 10b. COUNT	Y	10c. CITY, T	OWN OP LOCATIO	R			10d. INSIDE CITY
MD . 10e, STREET AND NUMBER		-	7		E, CITY		1 YES 2 NO
118 NORTH HIG			101. 2	IP CODE 2	1224		U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 5 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y. IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2000 R DATES		fy Cuban, Maxic	NIC ORIGIN? (Specify an, Puerto Ricen, atc.) fy:	Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI	done during most	of working	16b. KIND OF	BUSINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM	etired.)	•	OF	N HOME	
17. FATHER'S NAME (First, Middle, Last)		HOHE		IS. MOTHER'S N	AME (First, Middle, Maid		
WILLIAM STRAP	PELLI			FRAN	CES CATA	LDO	
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1		
MR.WILLIAM AME					LTIMORE,		
De METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem U Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF D cemetery, crematory or other MORELAND	MEM. PA			ALTIMO	or Town, State RE, MD. 21234
21. SIGNATURE OF FUNERAL SERVICE LI	EDISON	M.PERKINS	MORAN	ADDRESS OF F	ON FUNER	AL HOM	E INC
22 DADT I Enter the diseases or	. Lectins		3000	E.BAL'	TIMORE S	T. BAL	TO, MD. 21224
23. PART I. Enter the disesses, or ahock, or heart failure.	List only one cause or	sed the death, Do not n each line.	entar the moda	of dying, suc	ch as cardiec or rea	apiratory arrest,	Interval Bstween
IMMEDIATE CAUSE (Fins) disease or condition	SED						Onset and Death
resulting in death)	DUE TO (OR A	AS A CONSEQUENCE OF):					
		LLULIT	TS				
Sequentially list conditiona, if any, leeding to immediate		AS A CONSEQUENCE OF):	4				
ceuse. Enter UNDERLYING CAUSE (Disesse or Injury	C						
that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE OF);					
PART II. Other aignificant condition	s contributing to death	h but not resulting in t	he underlying o	ause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
Diabetes	nellitus					ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
congestive	heart fa	ilure				1 6 110	OF DEATH? 1 YES 2 NO
SPINAL	ABSECC						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (C)	neck only one)		
1 YES 2 NO	1 Inputient 2 ER/O		THER;	5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 M Netural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea		WORK	Y AT	28d. DESCRIBE HOY	V INJURY OCCURE	ED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	URY — At home, farm, stress Specify)	nt, factory, office		281. LOCATION (Stree City or Town, Sta	et and Number or R te)	lural Route Number,
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kn	nowledge, death occurred a	t the time, date an	d place, and due	to the cause(s) and n	namer as stated	
							use(s) and manner as stated.
96. SIGNATURE AND TITLE OF CERTIFIE	R	5	2	9c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
10. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	nt)			12	-11+192
ABHA, SIN) HA	MERCI		SPIT	AL		
DEC 2 1 1992 9	ALL 32 DESTROYS	JON POLICE					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ENTIFIC	MIEUT	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3. TIME OF DEATH
		Regina	5.	20	DEMMEL		Decem	ber 14	1992	3:10 A M
	4. SOCIAL SECURITY NUMBER	5. SEX					-			
		1797.21	6. AGE (In yrs. les		ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I		8. BIRTH Count	IPLACE (State or Foreign
	218 18 4470	1 □ M 2,5€ F	69	YRS.	UMT DATE	HOURS WIN.	FEB 3		MA	
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9	b. CITY, TOWN	OR LOCATION OF D			COUNTY OF D	
Œ	FROOKI'S So	211005	U 0-	-x ,	0.	- 1000				
DIRECTOR	RESIDENCE OF DECEDENT	YOHN	MOSPII	AT.	1603	2577475		50	TTIMO	re County
2	10e. STATE 10b. COUNTY			10c CITY	TOWN OR LOCA	TION				40.4 BURDE OUTV
<u>E</u>	Sand a 3017			(3)	\					10d. INSIDE CITY LIMITS?
	LIABATAVO RATI	MORE		11 (16	200	KIVER				1 YES 2 1 NO
4	10e. STREET AND NUMBER				.10	H. ZIP CODE		10g.	CITIZEN OF V	WHAT COUNTRY?
FUNERAL	1431) OHR	SLAC	75			2122		1	11 5	0
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13 WAS DE	CENDENT OF HISPA	MIC OBIGINS (6	months Man as No.	1,, 040	E — American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 X	10	If yes, s	pecify Cuban, Mexic	an, Puerto Rica	n, etc.)	Black	k, White, etc.
À	3 ₩ Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYE	S 2 NO Speci	lly:		Speci	fly:
	AT DESCRIPTION OF THE				1				1 W	3TIHI
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		(Gi	ive kind of wor	BUAL OCCUPAT	ION ost of working	16b. KIN	ID OF BUSINESS	/INDUSTRY	
W	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Ma	Do NOT use r	retired.)					
P P	8 X RS.		32HC	H OF	OUSEK	SEPSR				
6	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First Midd	le Mairles Sumas	nel .	
	90 = 20 = 7	KO AND				0.	I S	Q L	1	
B	0501035	NOVER				1 2	12	DOKE		
2	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, (City or Town, State	, Zip Code)	
- 1	-AMILY KECC	Ras		1	2M2	AS AB	OVS			
	20a. METHOO OF DISPOSITION		20b. PLACE	AND DATE OF	DISPOSITION (A		DATE	20c. LOCATION	- City or To	wen State
	1 Buriel 2 Cremation 3 Remov	ral from State	cemetery, cre	matory-or other	r place)		112-17	0.7	ony or to	\bigcap
	21. SIGNATURE OF FUNERAL SERVICE LICE	NOEE	HOPA	150	37 15		192	LSALI	MORE	10.
	21. SIGNAL OF PONETAL SERVICE LICE	NSEE			22. NAME A	ND ADDRESS OF F	CILITY (EMORIE	2	1
- 8	1750 47	1 1				OHARFO		00 6	Jak	~ ·
	22 DADT I Enter the discours of an	Namo, /	1.00					0 AU -1	ARNY	145
- 1	23. PART I. Enter the diseases, or co shock, or heert feilure. Li	lat only one caus	e on each line	attii. Do not	enter the m	ode of dying, suc	ch as cardiac	or respiratory	arrest,	Approximata Interval Between
- 1	IMMEDIATE CAUSE (Final									Onset and Death
	diagona on condition									
	disease or condition	Ruski	++1010	mn's oma	3					Cliade and Dead
	resulting in death)	Burki	tt's Ly	mphoma	a					Olisat and Dead
		Burki DUE TO (tt's Ly	mphoma DUENCE OF):	a					Onest and Death
NC	resulting in death)	DUE TO (DR AS A CONSEC	DUENCE OF):	A					Silat die Stati
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A CONSED	DUENCE OF):	A					
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A CONSEC	DUENCE OF):	A					
IFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (DR AS A CONSEC	DUENCE OF):	A					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSED	DUENCE OF):	7					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSED	DUENCE OF):	1					
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (DR AS A CONSED	DUENCE OF): DUENCE OF):		ig cause given in	Part I. 24s	I. WAS AN AUTOP	SY 24b	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (DR AS A CONSED	DUENCE OF): DUENCE OF):		ig cause given in	Part I. 24a	I. WAS AN AUTOPPERFORMED?	SY 24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (DR AS A CONSED	DUENCE OF): DUENCE OF):		ig cause given in			3 1 3	WERE AUTOPSY FINDINGS
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EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (DR AS A CONSED	DUENCE OF): DUENCE OF):		g cause given in		PERFORMED?	3 1 3	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	OUE TO (DR AS A CONSED	DUENCE OF): DUENCE OF):	the underlyir		1[PERFORMED?	3 1 3	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (I	OR AS A CONSED DR AS A CONSED deeth but not re	DUENCE OF): DUENCE OF): DUENCE OF):	the underlyln 26. P	LACE OF DEATH (C)	1 [PERFORMED?	3 1 3	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N ND 27. MANNER OF DEATH	DUE TO (I	DR AS A CONSED DR AS A CONSED DR AS A CONSED death but not re ER/Outpatient 3	DUENCE OF): DUENCE OF): DUENCE OF):	the underlying 26. P	LACE OF DEATH (C)	neck only one)	PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (I	DR AS A CONSED DR AS A CONSED DR AS A CONSED death but not re ER/Outpatient 3	DUENCE OF): DUENCE OF): DUENCE OF): esuiting in the properties of the properties	26. POTHER: Nursing Horoy Y W	LACE OF DEATH (C/	neck only one)	PERFORMED? YES 2 (NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (I DUE TO (I DUE TO (I Contributing to C HOSPITAL: (Month, Da) 28e, PLACE OF	DR AS A CONSED DR AS A CONSED DR AS A CONSED Geeth but not re ER/Outpetient 3 NJURY V, Year)	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	26. P THER: Nursing Hor NY M 1	LACE OF DEATH (C) ne 5 Residence JURY AT PKS 2 NO	neck only one) 6 Other (Sp 28d. DESCRIN	PERFORMED? YES 2 NO	OCCURED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (I DUE TO (I DUE TO (I Contributing to C HOSPITAL: (Month, Da) 28e, PLACE OF	DR AS A CONSED DR AS A CONSED DR AS A CONSED death but not re ER/Outpatient 3	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	26. P THER: Nursing Hor NY M 1	LACE OF DEATH (C) ne 5 Residence JURY AT PKS 2 NO	1 [teck only one) 6 Other (Sp 26d. DESCRIN 28f. LOCATIO	PERFORMED? YES 2 (NO	OCCURED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MA	RYLAND / DEPAR	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	B	DUTON	2. DATE OF DEATH MONTH	YEAR 1453 M			
7	4. SOCIAL SECURITY NUMBER 216-28-9854 1 ≤ M 2 ☐ F	AGE (In yrs. last birthday) 6 () YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 25 31	BIRTHPLACE (State or Foreign Country) S . C .			
TOR	9a. FACILITY NAME (If not institution, give street and number) Sinai Hospital RESIDENCE OF DECEDENT		Baltimore	EATH 9c. COU	UNTY OF DEATN			
DIRECTOR	10a. STATE 10b. COUNTY	100	altimore	10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	3035 Woodland Avenue		10f. ZIP CODE 21215	10g. CT	USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Mexic 1 YES 2 X NO Speci		14. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of w life, Do NOT use	USUAL OCCUPATION ork done during most of working o retired.) Driver	166. KINO OF BUSINESS/IN	в Housing Co.			
BE COM	17. FATHER'S NAME (First, Middle, Last) Clyde Bouton			AME (First, Middle, Maiden Sumame)				
10	19a. INFORMANT'S NAME (Type/Print) Lucille Bouton	3035	The state of the s	e., Balto., I	MD 21215			
	20a. METHOD OF DISPOSITION 1\(\times\) Burlel 2 \(\times\) Cremation 3 \(\times\) Removal from State 4 \(\times\) Donation 5 \(\times\) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE Of Complete, Cremetery, Cremetery or off Western	F DISPOSITION (Name of Star Cemeter	oate 20c LOCATION -	imore MD			
	· Gladus War	Cre	Wm. C. Mar 4300 Wabas	ch F/H, West sh Avenue, B	t altimore, MD			
	23. PART I. Enter the diseases, or complications that of shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.	OLTIPLE MYE		Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other eignificant conditions contributing to de Sping Cord Compressión	ath but not resulting in	n the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 MOSPITAL:	R/Outpatient 3 DOA	26. PLACE OF DEATN (C)					
ву РНҮ	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Day, 2 Accident Investigation	JURY 28b. TIME	4 Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 ND	28d. DESCRIBE NOW INJURY OF	CURED			
8		NJURY — At home, ferm, s c. (Specify)	treet, factory, offica	281. LOCATION (Street and Number City or Town, State)	v or Aurel Route Number,			
COMPLET	29a. CERTIFIER (Check only one). 2 MEDICAL EXAMINER: On the best of my							
TO BE (The Hole WIL	-	29c. LICENSE NU Dafe	M8ER 29d, DAI	7 46 92 530p4			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE TOSH AD 31. DATE FILED (Month, Disk, Year) 32. REGISTRAR'S	lup MD	Singi Hosp.		1			
	DEC 2 1 1992	71 1 00	•					

3. TIME OF DEATH

Approximata Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

2. DATE OF DEATH MONTH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

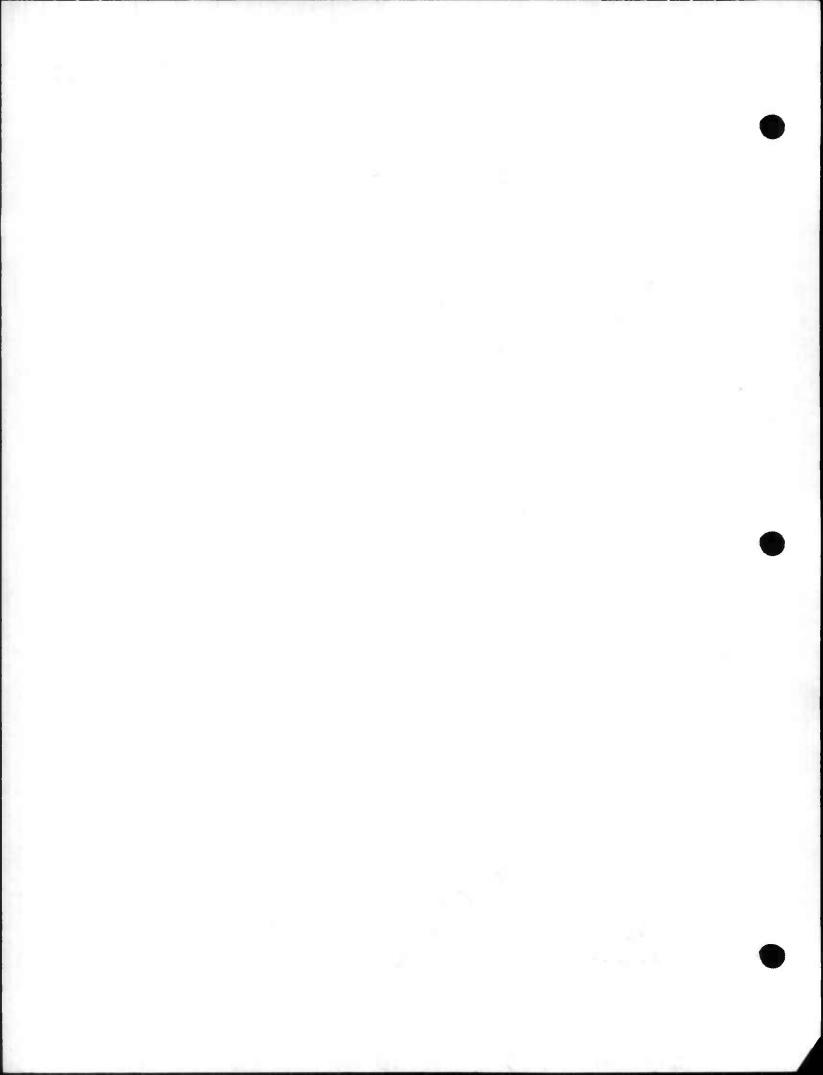
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	MARY E	BROWN S. SEX 8. AGE	(In yrs. lest t	birthday) IF UND	ER 1 YEA	R IF UNDER 24 HRS.	2. DATE OF MONTH	20	9 2	3. TIME OF DEATH O 40 ITHPLACE (State or Foreign		
-	218-01-6824 1 M 2X F 76 YRS. MONTHS DAYS HOURS MINI. NOV. 22, 1916 (Month, Disy, Year) NOV. 22, 1916 Pa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D											
E L	UNIVERSITY HOSPITAL BALTIMORE											
5	10a. STATE 10b. COUNTY MARYLAND	BALTIMORE		LANSDO						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
₹ .	10e. STREET AND NUMBER					10f. ZIP CODE		11	10g. CITIZEN O	F WHAT COUNTRY?		
E	200 FIRST AVEN 11. MARITAL STATUS 1 Never Married 2 Merried 3X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 XNO	ED 13	If yes	2122 DECENDENT OF HISPA specify Cuban, Mexic	ANIC ORIGIN? (Specify Yes or an, etc.)	No- 14. RA	S.A. CCE — American Indian, ack, White, etc. WHITE		
	15, DECEDENT'S ED (Specify only highest grade Elementary/Secondery (0-12) 12TH GRADE		(Give	EDENT'S USUAL b kind of work don to NOT use retired ACCOUN	during)	most of working			ESS/INDUSTRY	,		
	17. FATHER'S NAME (First, Middle, Last) JESSIE RICHAR	DSON				10. MOTHER'S N		dle, Malden Su	rname)			
	BARBARA HALLET					et and Number or Rura	/ Route Number	City or Town, S	State, Zip Code)	27		
	BARBARA HALLET 1112 LINDEN AVENUE—BALTIMORE, MD. 21227 209. METHOD OF DISPOSITION 1A Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC											
1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Last third that initiated events resulting in death) LAST IMMEDIATE CAUSE (Final disease or Injury that initiated events resulting in death) LAST INTERVALLED AND A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
Serincend	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS A	A CONSEQU	ENCE OF):								
EDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d			underl	ying cause given i		Ga. WAS AN AU PERFORME	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
IN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	out not rea	ouiting in the c	26 ER:	ying cause given in	heck only one)	PERFORME	ED?	4b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
IFICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A	A CONSEQU	ENCE OF):								

32. REGISTRAR'S SIGNATURE

una Davidson-Randell

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FUNERAL DIRECTOR: After within 72 hours after death

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MPORTANT: It Item

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31. DATE FILED (Month, Day, Year) DEC 21

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NA PRINCIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be completely filled in by the funeral director, page 5 should be completely filled in by the funeral director, page 5 should be completely filled in by the funeral director, page 5 should be completely filled in by the funeral director, page 5 should be completely filled in by the funeral director, page 5 should be completely filled in by the funeral director, page 5 should be completely filled in by the funeral director, page 5 should be completely filled in by the funeral director.		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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92 35566 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ELIZABETH K. BENTON 100 Dec. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 218-18-8143 1 M 2 F HOURS SHIN. YRS. SEPT.15,1916 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1017 WILMINGTON AVENUE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1017 WILMINGTON AVENUE 21223 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: WHITE 3 📝 Widowed 4 🗌 Divorced COMPLETED 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5 +) UNKNOWN MACHINE OPERATOR BOX COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MILTON CORBIN BE KATHERINE GRIMES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 NORMAN F. BENTON, SR. 1004 WILMINGTON AVENUE-BALTIMORE, MD. 21223 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MEADOW BRANCH 4 Donation 5 Other (Specify) 12/22 WESTMINSTER 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 23. PART I. Enter the diseases, or complicatione that caused the daeth. Do not anter tha mode of dying, such as cardiec or reaplratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Banis resulting in deeth) Heart Failure CERTIFICATION Sequentially list conditione, if any, leading to immediate DUE TO (OF AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or Injury QUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMPLER? HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 5 Pending М 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

P. PECISTAR'S SIGNATURE DEVELOPMENT

DR. DAVID R. MOSEMAN - 5205 EAST DRIVE - BALTIMORE, MD. 21227

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O.	CONTROL OF ATTENDIAGE DEVELOISMY. The last sequines that the death codiffic
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	1. DECEDENT'S NAME (First									2. DATE OF MONTH		MY /	YEAR	3. TIME OF DEATH
	Clarence Briggs									12/13 /1992			92	9.20Pm
	4. SOCIAL SECURITY NUMBER 6. AGE (In yrs.						R 24 HRS.	7. DATE OF	BIRTH ay, Year)	, ,	8. BIRTI	HPLACE (State or Foreign		
	218-18-0134 1 M2 DF 75						7.0	HOOMS		(Month, Di	0-1	7		Maryland
~	90. FACILITY NAME (If not in BON 3ECOU.					9b. (CITY, TOW	N OR LOCAT	ION OF DE	EATH		9c. CO	UNTY OF	DEATH
DIRECTOR	RESIDENCE OF DEC		3/2/741			1	B	alti	more	2				
3EC	10e. STATE	10b. COUNTY			10c. 0	TY, TOY	VN OR LO	CATION						10d. INSIDE CITY
	Maryland				-	1	Balt	imor	e	10 P				1 X YES 2 NO
FUNERAL	10s. STREET AND NUMBER							10f. ZIP COD	E			10g. Cf	TIZEN OF	WHAT COUNTRY?
NE	2237 Wes	t Lex:							2122				USA	
	1 Never Merried 2	Merried	12. WAS OECEDEN FORCES? 1	YES 2	2 NO		If yes,	specify Cub	en, Mexica	NC ORIGIN? (S In, Puerto Rica	ipecify Ye n, etc.)	s or No	Blac	E — Americen Indian, k, White, etc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE W	INH OH DATE	5	- 1	1 📙 Y	ES 2 MO	Specifi	y:			Spec	BLACK
	15. DEC (Specify onl	EDENT'S EDUC y highest grade o	ATION completed)	16	Give kind	'S USUA	L OCCUPI	ATION most of worki	ina	16b. KJI	ID OF BU	SINESS/IN	DUSTRY	
LET	Elementary/Secondary (C		College (1-4 or 5 d	+)										
COMPL	Jr High So				Tru	ck	Dri	7					J. H	louck
- 1								18. MOT		ME (First, Midd				
B	William F		5		19b. MAILE	NG AOOF	RESS /Stra	et and Numbe		ephin				21002
2	Margaret		iaas							on St				21223
	20g METHOD OF DISPOSIT			20b. PL	ACE AND DAT	E OF DIS	POSITION	(Name of		OATE		DO I		
	4 Donation 5 Other		val from State	Saii	nts						Anı	ne A	run	del Co, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MILTER FILTER 3										al Homes			
	Herbert 6 hulto Baltimore, MD 21216													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, abock, or heart failure. List only one cause on each line. Approximate intervel Between													
										Onset and Death				
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) a. Cardia pulmmary area of the pulminary area								MINUTES					
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NO N	Sequentielly list condit)/ /	- /		NSEQUENCE OF):							JEW HKS	
§	if eny, leeding to imme- ceuse. Enter UNDERLYI	NG	Jer	tri	/ P.	8.								0145
Ė	CAUSE (Disesse or Injuthat initiated events		DUE TO	OR AS A CO	NSEQUENCE	OF):	6. 7.		1. 1	- 0	1.	1/20	/	4.0
CERTIFICATION	resulting in death) LAS		wype	lenn	w ar	1 0	136	esoz il	en	u a	devi	101CU	uno	herry yes
CAL	PART II. Other significe	nt conditions	contributing to	death but	not resultin	g in the	underly	ing ceuse	given in	Part i. 24		AUTOPSY	248	. WERE AUTOPSY FINDINGS
음	Drute	mel	lities	, ,	(K)	16	nun	2 NEC	KFRI	1460	YES :	2 PNO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WE		Kena		-						_				1 TES 2 NO
ž	Slignes	. +	respec	Ild	Fu	مدرج	no	les Con	non	um				
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:			ОТН	26. HER:	PLACE OF C	DEATH (Ch	ack only one)				
HYS	1 YES 2 NO		1 Inpatient 2			4 🗆		ome 5 R	esidence	6 Other (S)		IN HIEW O	CHIPEO	
Y P	1 Natural 5	Pending	(Month, D.		200.	NJURY		WORK?	NO	NA	DE HOW	INJUNT OC	COREO	
9	2 Accident	Investigation Could not be	28e. PLACE O	F INJURY	At home, fern	, street,				281. LOCATIO	N (Street	and Numbe	or or Rural	Route Number,
ETEC		determined	Dulleting,	etc. (Specify)						City or To	wn, State;)		
2 1	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledg	ge, death occu	rred at t	he time, d	ste end piece	e, end due	to the cause(e) end me	nner ee atr	ited.	
OMPL														e) end menner es atated.
<u></u>	296. SIGNATURE AND TITLE		1.1					29c. LIC	ENSE NUM	ABER		29d. OA	TE SIGNE	(Month, Day, Year)
10 B		1	olli, m					01	494	9		> /	7/14	1/92
F	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETEO CAUS					Jana	T-M :	an	1000	No a	1 2/	1 2 3
	31. DATE FILED (Month, Day,		AZ PEGISTPA	10	Nor- 3	-01	rics)	70121	INC	, 371	10.	, 1010	611	
	DEC 2.1 1992	11 31	OST ATHOLOGODA	-	- Andrews									

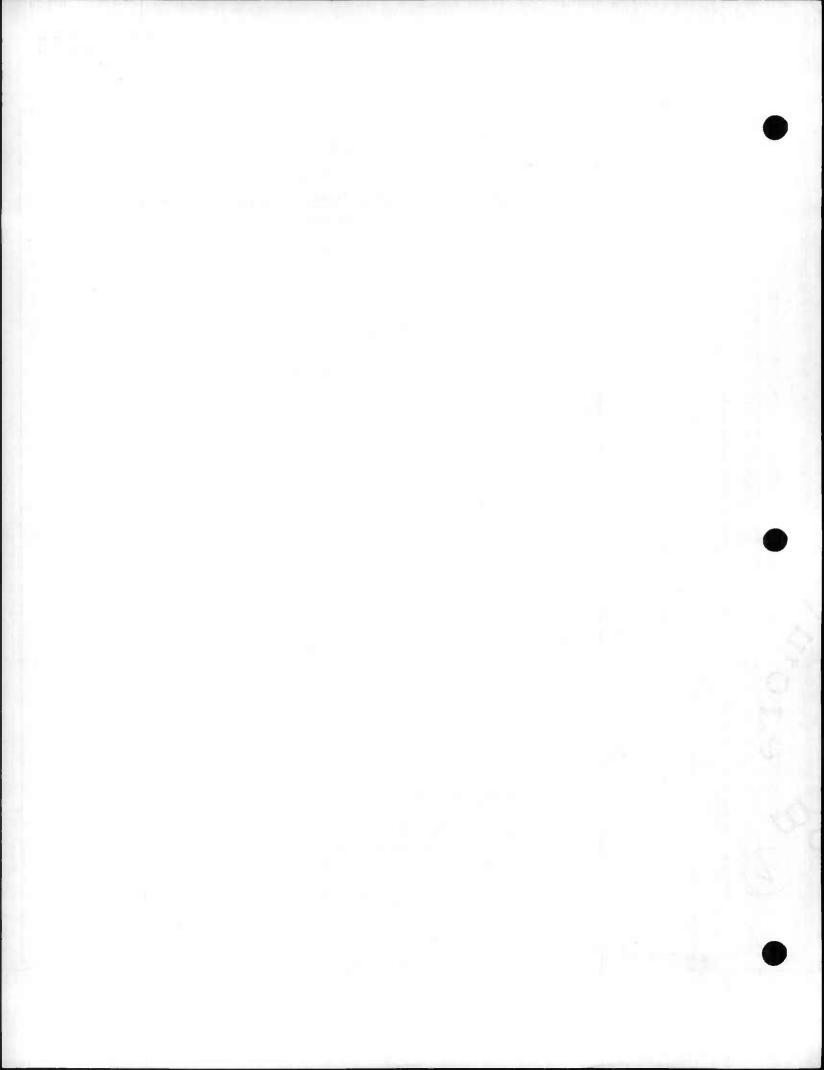
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN 2 CERTIFICATE OF DEATH REG. NO.

35567

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2000	te be executed within 24 hours after
5	20
TIME DECORDS, T.O. DON 00100	certificate
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7	OR ATTENDING PHYSICIAN: The law requires that the death certificate
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		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Le RULL) Ph	knyy Br	eepac	k		2. DATE OF DEATH MONTH	19 9		
		212-09-532		(In yrs. lest birthdey) 7 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Morith, Day, Year)		BIRTHPLACE (State or Foreign Country)	
2, 3 shoul	OR	Fallston Ger	neral Hospin	hel		PR LOCATION OF DE	ATH	9c. COUNTY	of OEATH	
Pages 1.	DIRECTOR	10a. STATE 10b. COU	NTY	10c, Cl	TY, TOWN OR LOCAT			<u>.</u>	10d. INSIDE CITY LIMITS?	
permit.		Maryland 10c. STREET AND NUMBER	Harford		Falls	. ZIP CODE		10g. CITIZER	1 ☐ YES 2 ☑ NO N OF WHAT COUNTRY?	
I-transit	FUNERAL	11. MARITAL STATUS	00 Carlo Cour	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	21047		ed States	
s the buns	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			Property Cuban, Mexican Processing Specify:			Specify: White	
runeral oriector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should kaminer must be notified at once.	PLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)				st of working	16b. KIND OF I	BUSINESS/INDUS	FRY	
at once.	COMPLET	17. FATHER'S NAME (First, Miciolia, Last)	,	-	sei ne	18. MOTHER'S NAM	WE (First, Middle, Mala	The second		
notified at	3 BE	Charles 194. INFORMANT'S NAME (Type/Print)	Breeba		Q ADDRESS (Street e	Ma and Number or Rural R	ny Noute Number, City or 1	Thi Town, State, Zip Co		
be not	2	Le Roy A. Breeb			200 Carlo		Fallston	, Md. 2		
r must		1 Denation 5 Other (Specify)	emoval from State cer	Parkwoo	d Cemete	ery 12/2	23/92	Baltimo		
		21. SIGNATURE OF FUNERAL SERVICE	1 Knisht	L	Leona		Bal ck, Inc.	5305 Ha	Md. 21214 rford Road	
The areatoning proyected and completely meet in by the Mental Hygene prior to burial, cremation, or removal njury, or other traumatic event, the medical expension of the medical of the medical or the m	•	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Res	pivator	y Fail	ure		spiratory stress	t, Approximate Interval Between Onset and Death	
Hyglene prior to burial, or other traumatic ev	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) b. Cevebvovascular Accident DUE TO (OR AS A CONSEQUENCE OF): Hypertension DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ttal Hyglene y, or othe	ERTIF	that initiated events resulting in death) LAST	loyears							
of Health and	MEDICAL	FART II. Other significent conditions Get 5 tvo (v) Gout	tions contributing to deeth to	but not resulting	in the underlying	g cause given in I	PERF	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO	
State Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che				
ner this certification with the marked, or		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. INJ	URY AT PRESIDENCE SPRK? YES 2 NO	8 Li Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUP	IED	
s after deal	TED BY	2 Accident investigation 3 Suicide 6 Could not 4 Homicide determined	ba 28e. PLACE DF INJURY building, etc. (Spe	Y — At home, ferm,	street, factory, offic	•	281. LOCATION (Stree City or Town, Str		Rural Route Number,	
ithin 72 hours	COMPLETED	onel	IYSICIAN: To the best of my know							
PORT V	H H	Michael M.	Slossue,	mo		0 3 2		29d. DATE S	1GNED (Month, Day, Year) 2/20/92	
	0	Michael N. D.	WHO COMPLETED CAUSE OF DE	1.0_ 104	e, Princ) Plumtre	epd. S	vitello	BelAir	MO 21015	
		DEC 2 1 1992	July 32 MEGISTRANS 90	HELES						



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	THE IN. OR ATTENDING PHYSICIAN: The law requires that the death cert	CERTAL OR ATTENDING PHYSICIAN: The law requires that the death certained. DIRECTOR: After this certificate has been signed by the attending

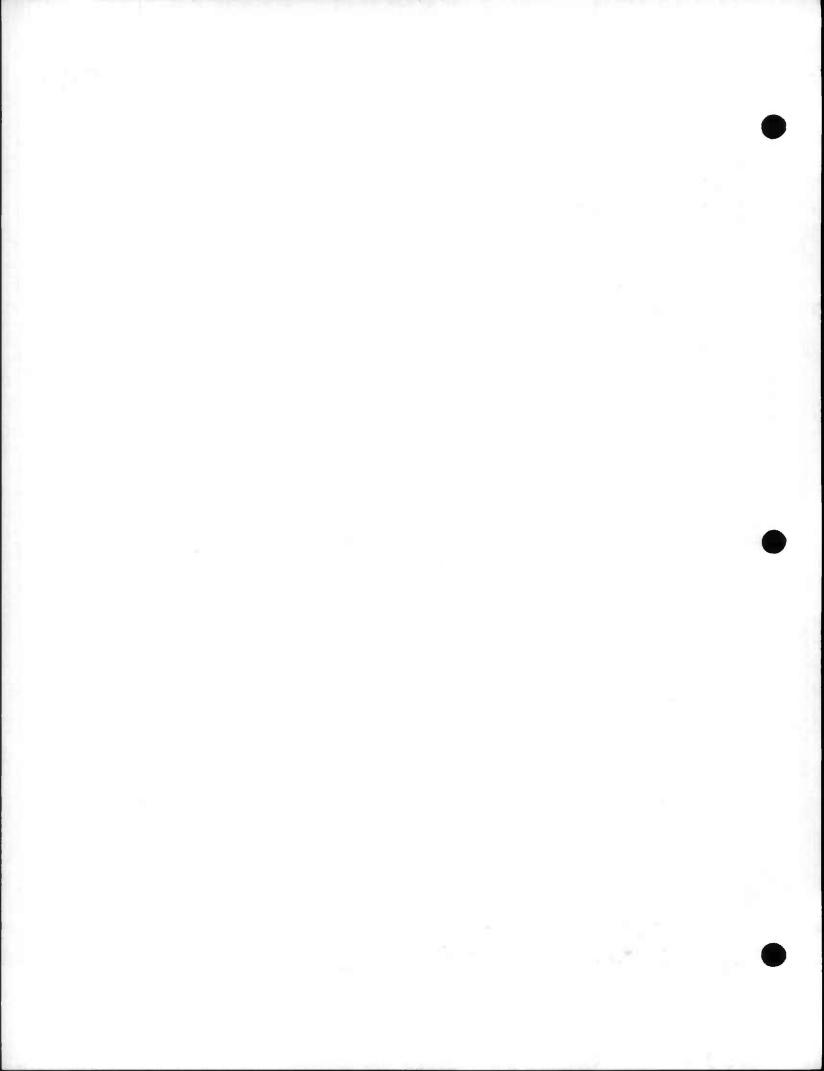
STATE OF	MARYLAND .	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	0	F DEAT	H		BEG NO

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT ERTIFICATE	OF HEALTH AND	MENTAL HYGIEN		00000				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
1	JAMES TYSON	BYERS			DECEMBER	10 100°	10:35 pmm				
	4. SOCIAL SECURITY NUMBER 5, S	01 71am (117)13. 1031		7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign					
		M 2 🗆 F 72	YRS, MONTHS	DAYS HOURS MIN.	MAY 14, 1	920	MARYLAND				
or I	9a. FACILITY NAME (If not institution, give street as SUMMIT NIRSING HO			, TOWN OR LOCATION OF E	EATH	9c. COUNTY OF	OEATH				
ō	SUMMIT NURSING HO)ME	CA	TONSVILLE		BALTI	MORE				
DIRECTOR	10a. STATE 10b. COUNTY	-	10c. CITY, TOWN C	OR LOCATION			10d, INSIDE CITY				
	MARYLAND HOWARD	1	ELI	ICOTT CITY			LIMITS?				
3AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?				
FUNERAL	8909 WILTON AVEN			21043		U.S.A	١.				
F	1 Never Married 2 Married F	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N		WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yar	or No- 14. RA	CE — American Indian, ack, Whita, afc.				
ВУ	3 Widowed 4 Divorced	F YES, GIVE WAR OR DATES WW II		YES 2 NO Speci			ecity: WHITE				
ED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	N 18a, DEC	CEDENT'S USUAL OC	CCUPATION	16b, KIND OF BU	SINESS/INDUSTRY					
LET	Elementery/Secondary (0-12) Coll		ve kind of work done of Do NOT use retired.)	during most of working							
COMPLETED	12		MACHINIS	T	FEDERAL	GOVERNM	IENT				
	17. FATHER'S NAME (First, Middle, Last)	7.0		18. MOTHER'S NA	AME (First, Middle, Malden	Surname)					
BE	JAMES E. T. BYE			RO		IS					
2	190. INFORMANT'S NAME (Type/Print) LLOYD BYERS (B)	ROTHER)	. MAILING ADDRESS ROUTE 6	(Street and Number or Rural	Route Number, City of A	RTINSBUR	G WEST VA.				
	20a, METHOD OF DISPOSITION	ROTHER/ R	ROUTE 6	2005 GR	IMES DR.		25401				
	1 Burial 2 Cremation 3 Ramoval fr 4 Donation 5 Other (Specify)	om Stata cemetery crer	CREMAT	ORY 12/		CATION — City of CONSVILL					
	21. SIGNATURE OF EUNEBAL SERVICE LICENSES		22.1	NAME AND ADDRESS OF FA	CILITY						
	Termerch .	AL.	LER 16	OY M. & RUSSEL 30 EDMONDSON A	L C. WITZKE F	UNERAL HO	ME OF CATONSVILL				
	23. PART i. Enter the diseases, or compliant the shock or heart failure. List of	ications that caused the der	eth. Do not enter	the mode of dving aug	the cardiac or more	TILE PERI					
	shock, or heart failure. List D iMMEDIATE CAUSE (Final	nly one cause on each iine.	· · · · · · · · · · · · · · · · · · ·	are mode or dying, add	ir aa cardiac or reapi	ratory arrest,	Approximata interval Between				
	disease or condition	anchor	taky	57 T.	Place	12	Onset and Death				
	resulting in death) a	DUE TO (OR AS A CONSEO	UENCE OF):								
Z	Sequentially list conditions, b. I had your of fuguency										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	UENCE OF):		/						
5	CAUSE (Disease or injury C.	DUE TO (OR AS A CONSEQU	MENUSE OF	/							
Ē	that initiated events resulting in death) LAST	DOE TO (ON AS A CONSECU	DENCE OF):								
	d										
¥.	PART II. Other significant conditions con	tributing to death but not re	eaulting in the une	derlying cause given in	Part I. 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO				
ă					1 _ YES 2		COMPLETION OF CAUSE OF DEATH?				
Σ							1 TES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL										
SIC	EXAMINER? HOS	SPITAL: Inpetient 2 - ER/Outpetient 3	OTHER								
H		28a. DATE OF INJURY		Ing Home 5 Analdenca 28c. INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW II	IIIIDY OCCUPED					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?		TOTAL COOCILE	1				
ED B	3 Suicide 6 Could not be	28a. PLACE OF INJURY — At hombullding, atc. (Specify)	ne, farm, atreat, facto	ry, office	281, LOCATION (Street a	nd Number or Rura	Route Number,				
EI	4 Homicide determined	- topoony)			City or Town, State)						
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: T	To the best of my knowledge, dast	th occurred at the tir	ne, data and place, and due	to the cause(a) and man	ner as stated.					
OM	one) 2 MEDICAL EXAMINER: On t	the beats of axamination and/or in	veatigation, in my op	olnion, death occured at the	time, data and place, and	dua to the cause	(s) and manner as stated.				
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	- /		29c. LICENSE NUI			D (Month, Day, Year)				
TO B	Allementer he	ese les		0037	80	12-	21-92				
F	30. NAME AND ADDRESS OF PERSON WHO COM	V									
	ALEJANDRO MEJIA M.D.		CK ROAD,	SUITE 100,	CATONSVILL	E, MD.	21228				
	31. OATE FILED (Month, Day, Year) 3	22. BEGISTRAR'S SIGNATURE									
- 1	TILUNI INCL		-								

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR				F DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							YEAR 3. TIME OF DEATH	
	VALERIE 4. SOCIAL SECURITY NUMBER 5. SEX	P 1 0 0 5 (%)	yrs. last birthday)	LMER				02 2:00 P M	
	212-70-1522 1 D M	1 2¥ F 36	yrs. Hist Dirtholly)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) MAR. 12,	i	BIFTHPLACE (State or Foreign Country) IARY LAND	
-	9a. FACILITY NAME (If not institution, give street and i	number)		9b. CITY, TOWI	OR LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH	
DIRECTOR	7734 WASHINGTON BLVD., LOT 103 JESSUP HOWARD						VARD		
DIRE	MARYLAND HOWARD			10c. CITY, TOWN OR LOCATION JESSUP				10d. INSIDE CITY LIMITS? 1X YES 2 NO	
FUNERAL							USA	EN OF WHAT COUNTRY?	
N.									
BY FU	1 Never Married 2 Married FOR	B DECEDENT EVER IN U RCES? 1 \(\sum \) YES ES, GIVE WAR OR DATE	2 PNO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexican ES X NO Specify			14. RACE — American Indian, Black, White, etc. Specify: WHITE	
8	15. DECEDENT'S EDUCATION	1	6e. DECEDENT'S			16b. KIND OF BU			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) TRA			ork done during e retired.)	HORSES	The state of the s			
BE COM	17. FATHER'S NAME (First, Middle, Last) PAUL PET 18. MOTHER'S NAME (First, Middle, Maiden Surname) FERN BRAGER					Sumame)			
TO 8	19s. INFORMANT'S NAME (Type/Print) MR. JERRY LITFIN		19b. MAILING 6717		SERRY RD.	BALTO., N		209	
	20e METHOD OF DISPOSITION 21 Disposition 3 Removal from		LACE AND DATE O	FDISPOSITION	Name of	OATE 20c. LO	CATION — C	Ity or Town, State	
	4 ☐ Donation 5 ☐ Other (Specify)		EBREW Y				LIMORE	E, MD	
	· Ellenoue	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215							
	23. PART I. Enter the diseases, or complications shock, or heart fellure. Liet only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	y one ceus on eac	Phyx	isti	S)	DIPHENHYD		Interval Between Onset and Death	
CERTIFICATION	DUE TO (OR AS A DONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST								
E	CAUSE (Disease or Injury c. ———————————————————————————————————	DUE TO (OR AS A C	ONSEQUENCE OF):					
	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST								
AL.	CAUSE (Disease or Injury c. ———————————————————————————————————				ing ceuse given in	Pert I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL.	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST				ing ceuse given in	A PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
AL.	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributions con	buting to deeth but	not resulting i	the underly 26. OTHER:	PLACE OF OEATH (Che	PERFOI YES 2	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL.	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributions con	buting to deeth but	not resulting i	26. OTHER:	PLACE OF OEATH (Cha	PERFOI VES 2 Ock only one) 6 Other (Specify)	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributions con	buting to deeth but	not resulting i	26. OTHER:	PLACE OF OEATH (Che	PERFOI YES 2	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditione contributions and the significent conditions contributed by the significant conditions	buting to deeth but PITAL: patient 2 = ER/Outpati	ient 3 DOA Sept. Timb	26. OTHER: 4 Nursing H OF 28c. M 1 Ireel, factory, of	PLACE OF OEATH (Che ome 5 % Residence NJURY AT NORK? YES 2 X/VO	PERFORM YES : 10 Other (Specify) 28d. DESCRIBE HOW (SUBJECTION (Street City or Town, State)	NJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO JRED AST CON HEAD	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions contributions and the significent conditions contributed by the significent conditions contributed by the significant conditions	PITAL: pellent 2 = ER/Outpatt a. DATE OF INJURY 2/2/3 2/5 2/2 building, etc. (Specify the beat of my knowled	not resulting in the state of t	26. OTHER: 4 Nursing H OF 28c. M 1 Treet, factory, of	PLACE OF OEATH (Che ome 5 % Residence NJURY AT NORK? YES 2 MW fice	PERFORM PERFORM (YES 2) Inck only one) 6 Other (Specify) 28d. DESCRIBE HOW IS SUBJECT 28f. LOCATION (Street City or Rown, State) 7 7 3 4 WA: 10 the cause(s) and ma	NJURY OCCUPUTA	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VYES 2 NO VYES	
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions contributions and the significent conditions contributed by the significent conditions contributed by the significant conditions	PITAL: pellent 2 = ER/Outpatt a. DATE OF INJURY 2/2/3 2/5 2/2 building, etc. (Specify the beat of my knowled	not resulting in the state of t	26. OTHER: 4 Nursing H OF 28c. M 1 Treet, factory, of	PLACE OF OEATH (Che ome 5 % Residence NJURY AT NORK? YES 2 NO fice ste end place, end due , death occured at the	PERFORMANCE OF THE PERFORMANCE O	NJURY OCCUPUT and Number of SHING nor as states and due to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO VYES 2 NO JRED ASTICON HEAD ASTICON HEAD FAural Route Number, JP, N BLVD . d. cause(e) and manner es stated. SIGNED (Month, Day, Year)	
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditione contributions and investigation investigation and investigation investigation and investigation inves	PITAL: petient 2 ER/Outpet a. DATE OF INJURY 2 building, etc. (Specify the bast of my knowled basis of examination a	ient 3 DOA 15/42 26b. TiMb At home, farm, s HOM dge, death occurre	26. OTHER: 4 Nursing H COF 28c. M 1 Irrest, factory, of	PLACE OF OEATH (Che ome 5 % Residence NJURY AT NORK? YES 2 NO fice ste end place, end due , death occured at the	PERFORMANCE OF THE PERFORMANCE O	NJURY OCCUPUT and Number of SHING nor as states and due to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO NO NEED ASTIC ON HEAD Fragel Poute Number, TON BLVD. d. cause(s) and manner se stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions contributed in the significant conditions c	PITAL: petient 2 ER/Outpet a. DATE OF INJURY 2 building, etc. (Specify the bast of my knowled basis of examination a	not resulting in the state of t	26. OTHER: 4 Nursing H Firet, factory, of	PLACE OF OEATH (Che pome 5 % Residence NJURY AT WORK? YES 2 M/0 fice ste end place, and due , death occured at the 29c. LICENSE NUM O • C	PERFORMANCE OF THE PERFORMANCE O	NJURY OCCUPUT AND NO NJURY OCCUPUT AND NO SHING SHING SHING There as state- d due to the 29d. DATE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO JRED ASTIC BAG ON HEAD A STON BLVD. d. cause(e) and manner se stated. SIGNED (Month, Day, Year) 2/16/92	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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UNIV. THE DAY INCLUDED THE COURT OF COLUMNIC CONTROL OF THE TOTAL OF THE TOTAL OF THE HOSPITAL OF ALCOHOLD PROPERTY.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
A LENDING THIS COLUMN INC. ITEM TO THE COURT COLUMN TO COLUMN THE CALL	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled hin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial. Cremation,	m 28 is marked, or item 23 shows any injury, or other traumatic event, the
IO THE POSTUME OF	TO THE FUNERAL DIRECTOR: After this to the filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

92 35571 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NONTH - L YEAR 0 Mildred Katie Baird 92 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Maryland MONTHS DAYS HOURS 92 214-22-6685 1 M 2 F 3-13-1900 9a. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Charlestown Care Center Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Elkridge Md. Howard 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5826 Forest Hill Road 21227 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married
3 Wildowed 4 Divorced BY Specify white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Burkman Mary Bode BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Doris V. Puckett 5826 Forest Hill Road 20a METHOD OF DISPOSITION
1 Disposition 3 Removal from 4 Department 8 Other (Specify)
21. SIGNATURE OF PUMERAL SERVICE LICENSES 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Loudon Park Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. A D 0 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallere. List only one cause on each line. Approximata interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) 32ATZ-063 PA WIND LENA DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YEG-2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30 2 ATTENDING 2

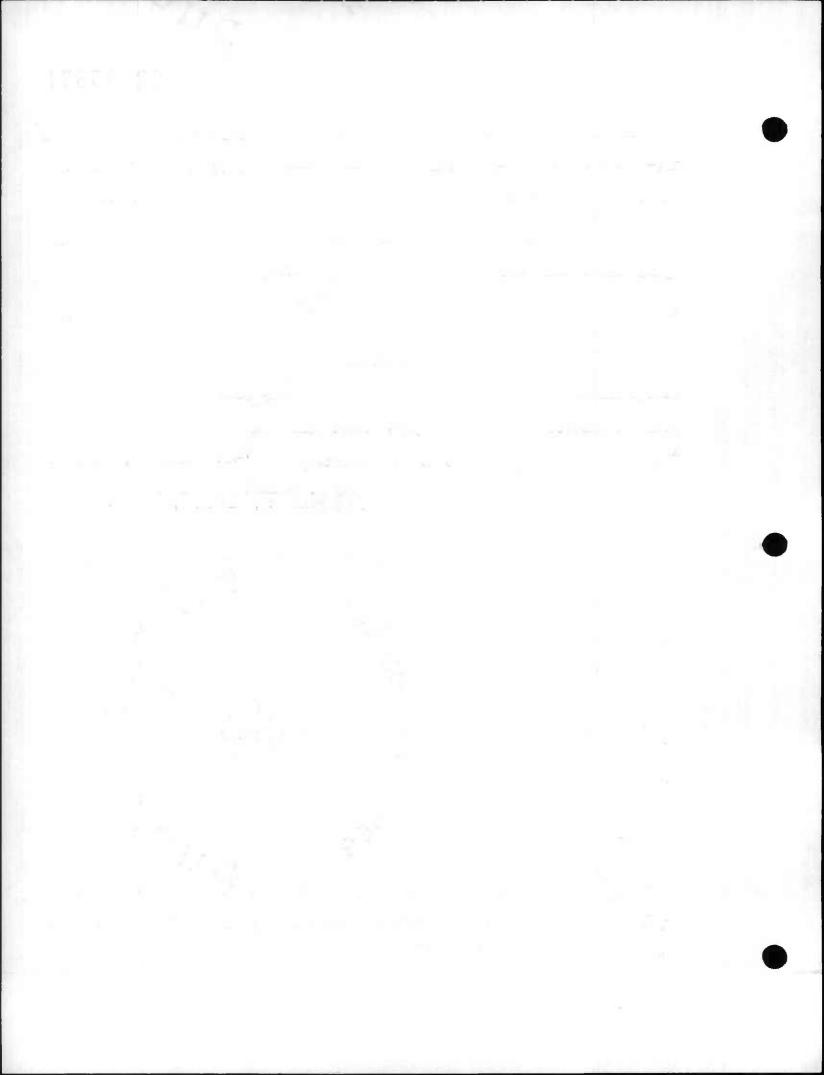


MAIDEN CHOICE 32. REGISTRAR'S SIGNATURE

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BUSIVEROTE

DHMH-18 Rev 1/89



TO THE FLYING PRINCIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

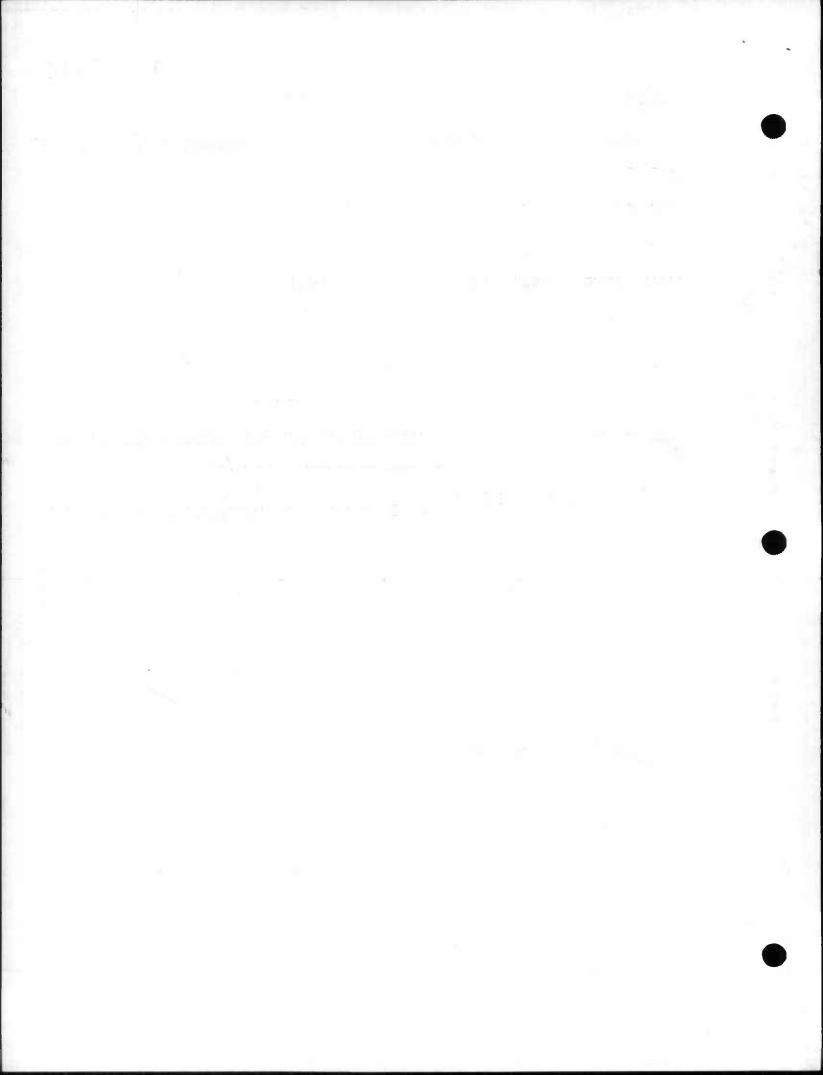
TO THE FLYBER CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled minimal after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICATE	F DEATH	REG. NO	•		
	1. DECEDENT'S NAME (First, Middle, Last) ABNER BLACKER 2. DATE OF DEATH WONTH DAY DECEMBER 12.1992 9:50						year 992 9:50 P.M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthdey)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign	
- 3	579-09-3587	1½ M 2 □ F	84 YRS.	MONTHS DAY		JUNE 16,1		orth Carolina	
E E	9a. FACILITY NAME (If not institution, give si HOLY CROSS HOSPI				n or location of de ER SPRING	EATH	9c. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	RESIDENCE OF DECEDENT			OLLV	CK STRING		MON	TOOMERY	
#	10a. STATE 10b. COUNTY	′	10c. CIT	r, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?	
	MARYLAND MONTGOMERY		SI	LVER S	PRING 101, ZIP CODE			1 🖄 YES 2 🗌 NO	
FUNERAL	10s. STREET AND NUMBER				10g. CITIZEN OF WHAT COUNT				
빌	11215 OAK LEAF D		1	20901			USA		
	1 Never Married 2 Married FORCES? 1 YES 2		S 2 NO	NO ti yes, specif		ENDENT OF HISPANIC ORIGIN? (Specify Yea ecify Cuben, Mexican, Puerto Rican, etc.)		Black, White, etc.	
B	3 Widowed 4 W Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 X NO Specify:			Specify: WHITE		
COMPLETED	15. DECEOENT'S EDUK (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KINO OF BU	SINESS/INDU:	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	most or working				
₹	12		SAL	ESMAN		SHOES			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
B	MOSES BLACKER 19a. INFORMANT'S NAME (Type/Print)	_	105 MAN INC	ACCRECE (Char		CA SCHWAR			
일	ADA BLACKER							NG.MD. 20901	
	204. METHOD OF DISPOSITION 1 Burtel 2 Cremation 3 Remo	2	Ob. PLACE AND DATE O	F DISPOSITION				ty or Town, State	
	1' Buriel 2 Cremation 3 Remo	oval from State	emetery cremetory or of	her nlace)	METERY 12	1		II. MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC		IVI . LEGI	22. NAME	ANO ADDRESS OF FA	CILITY			
	Donald C	Storm	James of h			EMORIAL FU			
	23. PART I. Enter the diseases, or o	complications that caus	ed the yeath. Do n	ot enter the	mode of dying, suc	REET N.W.	WASH I	NGTON D.C.	
	ehock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each line.		0,			Interval Between Onset and Death	
	disease or condition resulting in death)		(and	100	0100			1/2011	
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF		0000			gover.	
Z	Sequentially list conditions,	a /trevia	25 der	tre /	at This	ease		Ray	
₩ ¥	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	7): ` V	, , ,				
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (QR AS	A CONSEQUENCE OF	n:					
CERTIFICATION	resulting in death) LAST	4		•					
	DARK H. Osh as also Massa as a distant			New York					
EDICAL	PART II. Other significant condition	a contributing to death	but not resulting i	n the underly	ing cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă						1 YES 2	□ 416	COMPLETION OF CAUSE OF DEATH?	
Σ						_		1 TES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED, TO MEDICAL 26. PLACE OF DEATH (Check only one)								
SIC	EXAMINER? 1 Ves 2 NO 1 Separation 2 Envoyagement 3 Doa 4 Nursing Home 5 Residence 6 Other (Specify)								
Ě	27. MANNEN OF DEATH	28e. DATE OF INJURY (Month, Day, Year	Y 28b, TIM		INJURY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident investigation	(MORII, Day, Ibar	, ,		WORK? YES 2 NO				
ED E	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)			rm, street, factory, office		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	4 Homicide defermined	4 Homicide defermined							
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
Š.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.								
ш	296. SIGNATURE AND TITLE OF CHITTIES	5 1 1			299 LICENSE NUN	ABER	29d. DATE	SIGNED (Month, Day, Year)	
TO B		X 17//			11080	189	1	Sleign	
-	30. NAME AND ADDRESS OF PERSON WHI	30. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
31. DATE-FILED (Month, Day, Your) A.R. REGISTRAN'S SIGNATURE J. 1002							00	707	
	DEC 2/ 1992	grina Davidson-	Mailman						



THE ON ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE MAN ATENDING PHYSICIAN: The law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not removal.

THE HIMM 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (First	Address I			02.11.11	TOAT	_ 01	DEA		HEG. NO			
											AY	YEAR	3. TIME OF DEATH
			rd Baco							Dec. 1	3 19	992	~313/ PM
	4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH Count	PLACE (State or Foreign
	714-18-30		1 📉 M 2 🗌 F	67	YRS.			- Hours		Aug. 30, 19	25		yland
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			96. CIT1	Y, TOWN	OR LOCATI	ON OF DE	ATH	9c. COL	JNTY OF D	EATH
8	122 Dunk	parto	n Road			В	alt	imor	e		Ba1	time	ore
DIRECTOR	RESIDENCE OF DEC					-					Dus	· CIIII	516
2	10a. STATE	10b. COUNTY			100	TY, TOWN							10d. INSIDE CITY LIMITS?
	Maryland	Bal	timore		E	Balt	imo:	re					1 TES 2 NO
4	10s. STREET AND NUMBER						10	r. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	122 Dunk	parto	n Road					212	12		U.	S.A	
3	11. MARITAL STATUS		12. WAS DECEDEN	LEVER IN U.S	ARMED	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACI	E - American Indian.
	1 Never Married 2		FORCES? 1				If yes, sp	2 NO	n, Mexica Specifi	n, Puerto Rican, etc.)		Speci	k, White, etc.
BY	3 📉 Widowed 4 🗌 Divo	rced						- 22	ороспу			Speci	White
9		EDENT'S EDUC		16a	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	doing mo	at or working	·v				
를	11				Dispa	tche	er			PA Ra	ailr	oad	
COMPLETED	17. FATHER'S NAME (First, M.							18. MOT	HER'S NA	ME (First, Middle, Meiden	Surname)		
BE	Elmer Ed	lward	Bacon						Hele	en May Cu	ıtte	r	
2	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street a	and Number	or Rural F	Toute Number, City or Tow	n, State, Zi	p Code)	
ř	Robert Ba	con			2001	3 Y	ork	Rd.	, Pa	arkton, N	4D 2	1120)
f	20a METHOD OF DISPOSITI	ION		20b. PLA									
	4 Donation 5 Other		over from State	Mays	crematory or o	el U	. M.	Cem	De	C. 16, Tin	oni	um.	MD
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22.	NAME A	ADDRE	SS OF FAC	CILITY			
	*CAarl	sa T.	Borves	~		2	J.J. 4 S	Haı econ	ten d St	stein Mo	rtua	ery,	Inc. PA 17349
	23. PART I. Enter the di	seases, or c	complications that List only one cou	t coused the	deeth. Do	not enter	the mo	de of dy	ing, suci	h es cardiec or respi	retory ar	rest,	Approximate
- 1	IMMEDIATE CAUSE (Fin		ciet only one ced	se on escii	mie.	1		1		1 .0			Interval Between Onset end Death
	disease or condition resulting in death)	→ .		10	unt	1a	11	400	1.1	- Karl			3 n/a -
	rooming in deathy		DUE TO	(OR AS A CO	или отнов о	P: A	1		0	min	w		011000
z		-		16	en	W	La	ul	u	9			yra.
은	Sequentieity list conditi if eny, leeding to immed		DUE TO	OR AS A CON	SEQUENCE O	n,	6		1	11/			9
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or Inju				1101	ul	1	//	re	lelle			grs
E II	that initiated events		DUE TO	OR AS A COM	BEQUENCE O	F):		1			,		0
H	resulting in death) LAS												
- 11	PART II. Other significe	nt condition	s contributing to	deeth but n	ot seculalma	In the sec	المالية المالية						
MEDICAL	TAIT II. Other significe	in condition	s contributing to	deeth but n	ot resulting	in the ur	derlying	g couse (given in	Part I. 24a. WAS AN PERFOR		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										1 _ YES 2	NO		COMPLETION OF CAUSE OF DEATH?
E I										_			1 TES 2 THO
₹	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	MOSBITAL					ACE OF D	EATH Jeho	ock only one)			
Š	1 TYES 2 THO		HOSPITAL:	ER/Outpatien	1 3 DOA	4 Nun		• 5 ₩ Ae	sidence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, De		286. TIM	IE OF	28c. INJ	URY AT		28d. DESCRIBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 1 1	Pending nvestigation	(-y, 10d-y		M		YES 2	NO				
0		Could fot be	28s. PLACE O	F INJURY - A atc. (Specify)	t home, farm,	street, fact	lory, office			28f. LOCATION (Street a	nd Number	r or Rural F	loute Number,
COMPLETE	4 Homicide	Setermined								City or Town, State)			
ון ב	290. CERTIFIER	IFYING PNYSIC	CIAN: To the best of	my knowledne	death occurs	ad at the t	lme dete	and place	and due	to the cause(a) and man			
ž) and manner sa stated.
- 11	296. SIGNATURE AND TITLE			A	-								
띪	III SIGNATURE POP TITLE	12	(an	10	MI	9		29c. LICE	NSE NUM	BER C	29d, DAT	E SIGNED	Month, Day, Year)
2	1000	2	-1/4	an	1. 1			10	17	100	-	12/1	13/4 /
	30. NAME AND ADDRESS OF	S. C	APP UNIL	SE OF DEATH	TEM 27) (Type	Print)	9/8	-40	ref	Re. N	NOW.	1/50	w And
	DEC 21 199	/	P . 32. REGISTRA	R'S SIGNATUR	E				-	1000	1-1-1	7	1/1/
	DEC -1 13:	JE A		-	-								/

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF E	DEATH	YEAR	3. TIME OF DEATH	
	ROBERT E.		BEYE	₹R	12		992	11:05 A	
		AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	HOTH	8. BIRTH	PLACE (State or Foreign	
	213-44-7729 1XM2 0F	47 YRS.	MONTHS DAYS	HOURS MIN.	Sep.	9,1945	Ma:	ryland	
- //	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR	LOCATION OF DE			UNTY OF D		
DIRECTOR	1749 WAVERLY WAY APT D BALTIMORE CITY.								
<u> </u>	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATIO	ON				10d. INSIDE CITY	
5	Maryland -	Bal.	timore				- 1	LIMITS?	
	10s. STREET AND NUMBER	1241		ZIP CODE		10a, C	TIZEN OF Y	WHAT COUNTRY?	
FUNERAL	1749 Waverly Way Apt. D			1236			U.S		
5	1 Never Married 2 Married FORCES? 1	YES 2 NO	13. WAS DECE	NDENT OF HISPAN	HC ORIGIN? (S	pecify Yes or No-	14. RACE	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced IF YES, GIVE WAF	OR DATES		NO Specify		, weny		*te	
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIN	D OF BUSINESS/II	NOUSTRY		
ᇤ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give land of w life. Do NOT use	rork done during most e retired.)	of working					
COMPLETED	12 4	Securi	ty		Ba	nk Stat	ione	rs	
9	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle	, Maiden Sumame	,		
	Ellsworth J. Beyer				na Fe				
B	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING	ADDRESS (Street and				Zio Code1		
2	Ann Patricia Duley		Griffit					1017	
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE O				20c. LOCATION -			
	1 Duriel 23 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Greenmoun	ber place)					Maryland	
- 4							-		
	21. SIGNATURE OF PUREFAL SEPTICE LICENSEE GEORGE Weber & Son	Ker.)	Georg 705 S	e A. We	ber &	Sons I lto. Md	nc. 21	231	
	23. PART I. Enter the diseases, or complications that of	aused the death. Do n		_				Approximate	
	shock, or heart fellure. List only one cause	on each line.						Interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition	rosclerotio	Condi		T			Onset and Deat	
				o vas cu	a I	Jiseas	<u>-</u>		
	0) 01 300	R AS A CONSEDUENCE OF	7):						
CERTIFICATION	Sequentially list conditions,	R AS A CONSEQUENCE OF	_					_	
F	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF);					i	
일	CAUSE (Disease or injury 6.	R AS A CONSEDUENCE OF	n.						
Ē	that initiated events resulting in death) LAST	A A GONGEDOLNOE OF	<i>)</i> ·					i i	
91	d							1	
اب	PART II. Other significant conditions contributing to de	eth but not resulting in	n the underlying	ceuse given in	Part I. 24a	. WAS AN AUTOPS	Y 24b	WERE AUTOPSY FINDINGS	
DICAL	Tobacco Ose				1.0	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
111					— ''	TES 2 CAO		OF DEATH?	
Σ					-			1 NES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		ne m a	CE OF DEATH (Ch	nok onte cont				
<u> </u>	EXAMINER? HOSPITAL:		OTHER:						
₹ I	1 Ves 2 NO 1 Inpetient 2 E	7	4 Nursing Home						
	1 Natural 5 Pending		URY WOR	K?	28d. DEŞCRIE	BE HOW INJURY O	CCURED		
B	2 Accident Investigation			S 2 NO					
	building, at	NJURY — At home, farm, s :: (Specify)	treet, fectory, office		28f. LOCATIO City or To	N (Street and Numb wn, State)	er or Rural I	Route Number,	
COMPLETED	4 Homicide determined								
7	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	knowledge, death occurre	d at the time, data e	end place, and due	to the cause(e) and manner as s	lated.		
MC	one) 2 MEDICAL EXAMINER: On the basis of exam							e) and manner sa stated.	
	29b. SIGNATURE AND TITLE DF CERTIFIER	1		29c. LICENSE NUN				(Month, Day, Year)	
H	XXX 12111 (). (la to a				290. 0			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	DE DEATH (ITEM AT)	Driet1	O.C.M.	E.		12/1	8/1992	
	Dennis J. Chuti		-						
		111 Penn	Street,	Balti	more,	Maryl	and	21201	
	DEC 1 9 1992 July Devices	ASSOCIOL							
	040401004	W. Charleson							

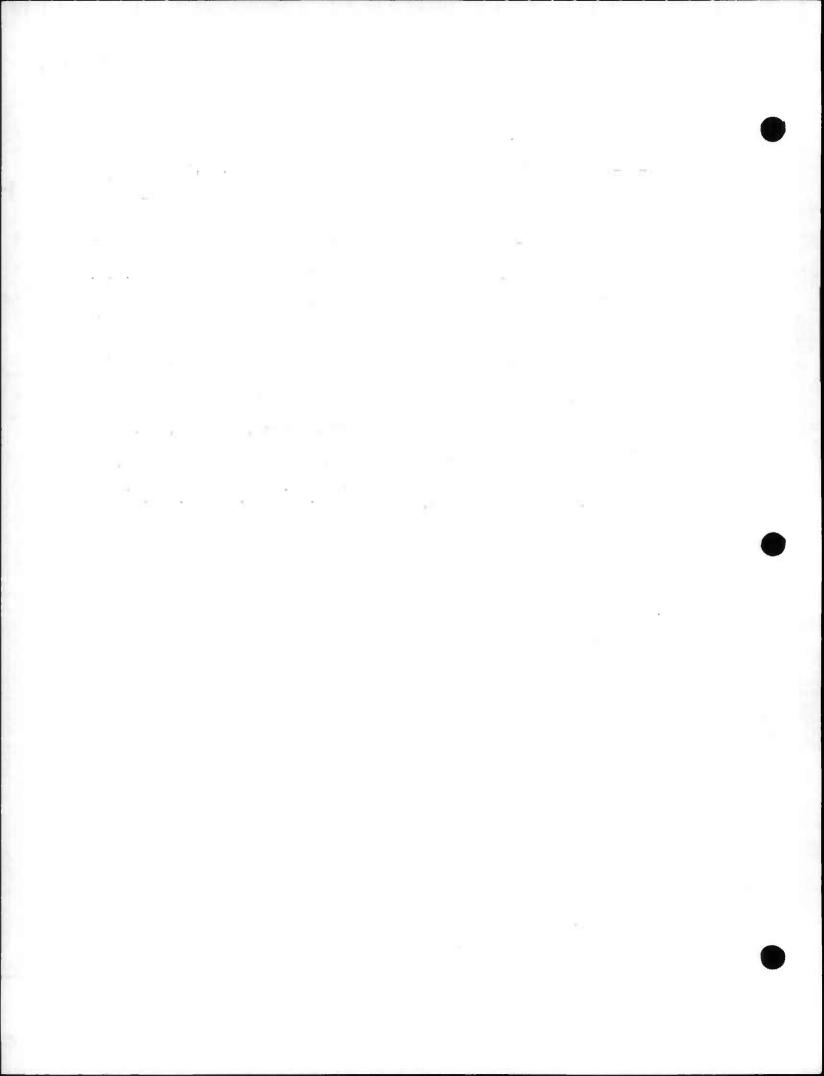
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

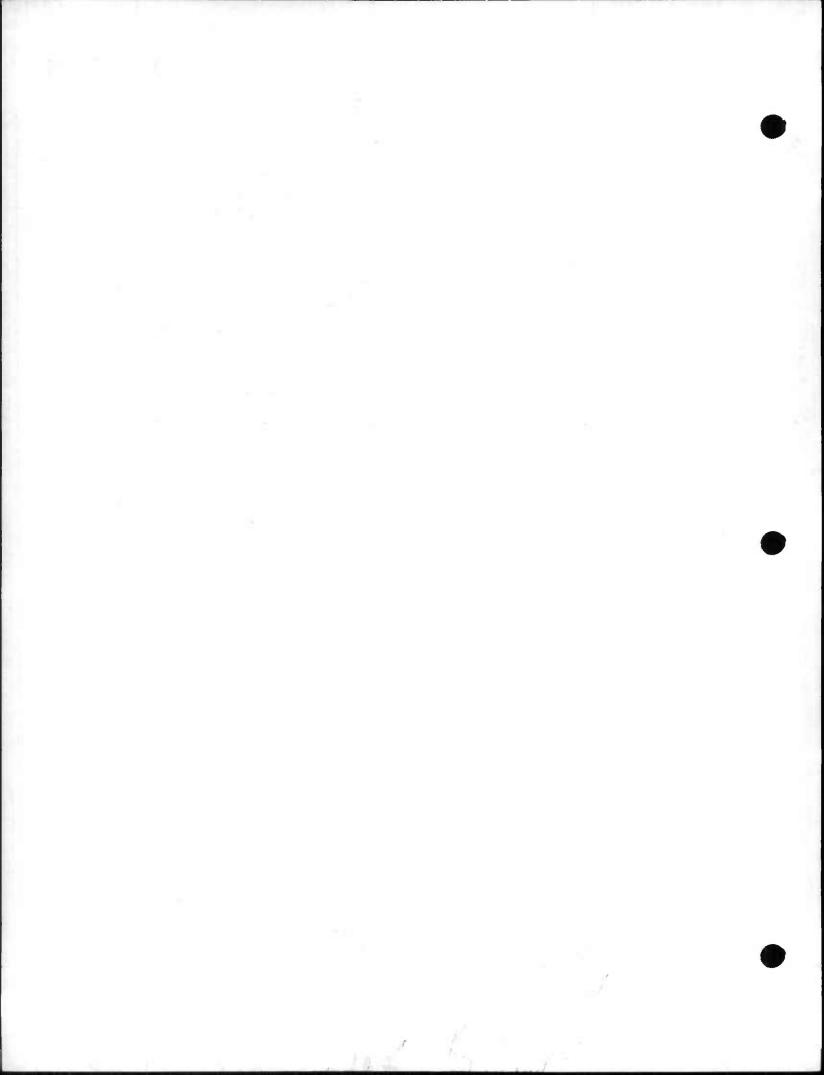


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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E HO	3	WIL	844

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	_		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH	
		Billy 4. SOCIAL SECURITY NUMBER	Barry		Clark		12 18		1:15 P. M	
		219-50-5833	13 M 2 F 44	n yrs. lest birthdey) _4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-29-48	Cou	OTHPLACE (State or Foreign printy) Orth Carolina	
should		9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF		
2.3 st	СТОВ	2602 Quantico	Avenue		Baltin	nore Ci	tv			
	<u>E</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c CITY	, TOWN OR LOCAT				10d. INSIDE CITY	
permit, Pages	DIRI	MD		100.011	BALTIMO				LIMITS?	
permit	AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
ansit	FUNER	2602 Quantico	Ave				21215	USA		
ng priysician. he burlal-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, spe		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) /:	84	CE — American Indian, ack, White, etc. eclly:	
e as t	ED	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATIO	N .	16b, KIND OF BUS	SINESS/INDUSTRY	BLACK	
seamed by one nospital or attending 5 should be detached for use as the notified at once.	COMPLET	(Specify only highest grade	College (1-4 or 5+)	Ilfe. Do NOT use	ork done during mos retired.) borer	it of working	Const	ruction		
detached	Š Į	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
d be	BE (Charles Clar	κ			Min	nie Langle	y		
5 should	2	19a. INFORMANT'S NAME (Type/Print)	-				Route Number, City or Tow		27012	
age 5		Minnie pippin					North Car		27812	
ector, pa		1 N Burial 2 Cremation 3 Rem	oval from State come	PLACE AND DATE O etery, cremetory or oti Ing Mei	her place)	Parels		CATION — City or		
al dire		21. SIGNATURE OF FUNERAL SERVICE LI		A I	22. NAME AN	D ADDRESS OF FA	CILITY		town, MD	
filled in by the funeral director, page on removal. ne medical examiner must be in		KOrozs	O. NIL	Rtt	4600	Liberty	TT & SON F Hahts Ave	. Balto	HOME, INC. . Md. 21207	
d in by the or removal		21 PART L Enter the diseases, or seeck, or heart failure.	complications that caused List only one cause on ea	he death. Do n	ot anter the mod	de of dying, suc	h as cardiec or respi	ratory srrest,	Approximate Interval Between	
ompletely filled I, cremation, or event, the m		IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (or as a consequence on:								
8 8 - 6	_	PERFORATED PUODENAL ULCER								
sician and corrier to buris	RTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF		1400	ALCUIT			
ysicia prior	CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
ing phy giene p	TIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
the attending physician a Mental Hygiene prior to njury, or other traum	CER		d							
× 2 1	AL.	PART ii. Other significant condition	ns contributing to death bu	it not resulting in	n the underlying	cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
alth ar	MEDIC						1 X YES 2		COMPLETION OF CAUSE OF DEATH?	
seen signed of Health	ME						_ '		1 TYES 2 NO	
cate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack naty age)			
this certificate has been signed with the State Dept. of Health irrked, or Health 3 shows an	SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa		OTHER:	7072761	\$ ☐ Other (Specify)			
ith the	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED		
After this c death with	BY	Netural 5 Pending Investigation			M 1 🗆 Y	ES 2 NO				
TOR: A after d	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Specif	— At home, farm, st fy)	treet, factory, office		281. LOCATION (Street a City or Town, State)		al Route Number,	
AL DIRECTOR	IPL.	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and due	to the cause(a) and mer	mer as stated.		
Ithin 7	COMPL	A	Tt: On the basis of exemination	and/or investigation	ı, in my opinion, de	eath occured at the	time, data and place, an	d due to the cause	e(a) and manner as stated.	
TO THE FUNERAL (be filed within 72 h	BE (296 SIGNATURE AND TITLE OF CENTIFIE	$\omega = 1$			29c. LICENSE NUN	STEET I		ED (Month, Day, Year)	
2 2 3 2	2	30, NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF DEA	TH STEM 27: (Tor-	Priori	O.C.M.	Ε.	12/	19/1992	
		MARIO E GOLU	E, JRY, MD 1.	11 Penn		t, Balt	imore, M	Marylan	d 21201	
		DEC 2 1 1992	32. REGISTRAR'S SIGNA	andelle						

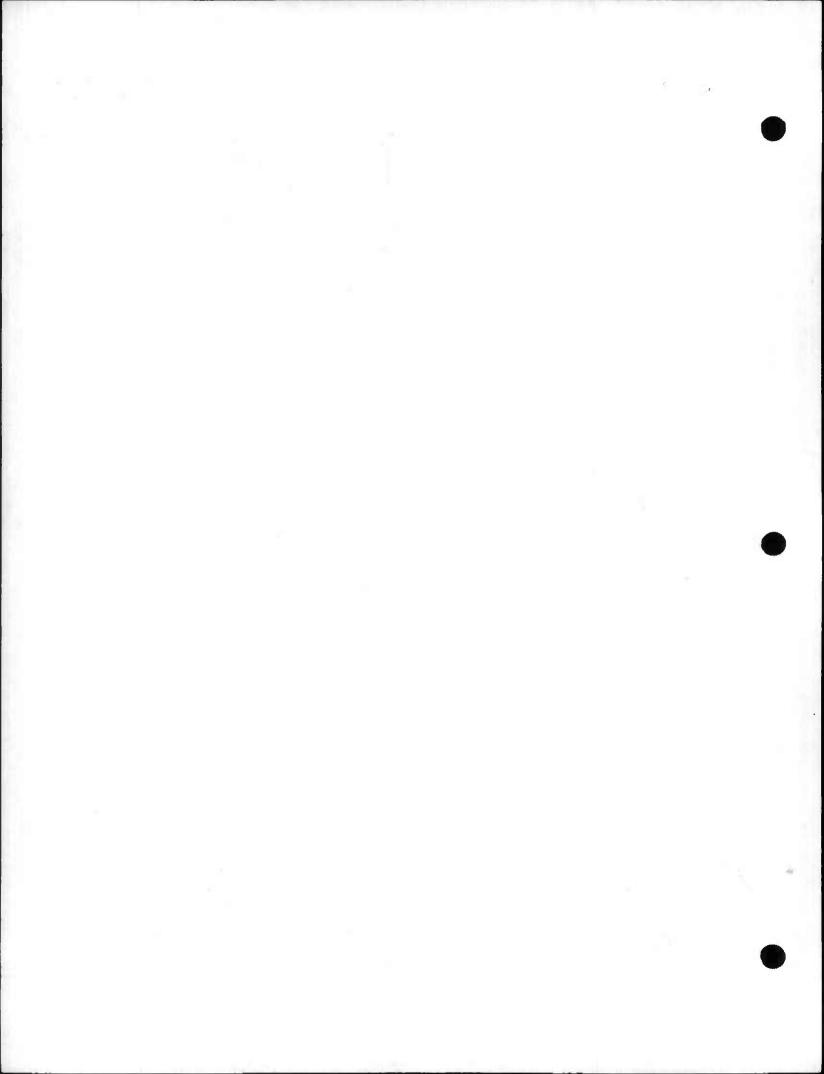


CHOO TO CT	TO DE COMPLETED DO DELOCIONE MEDICAL CENTRESCATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, it have 30 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours wherether with the case that the first and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIFFERENCE AND THE TIME AND CONTROL OF THE STRONG PHYSICIAN AND COMPLETELY RIFFER IN BY THE TUNERAL DIFFERENCE AND THE STRONG BE S Should be detached
r death. Page 6 may be retained by the hospit	TO THE HOSPITAL DR ATTENDINGSPHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit

1	1 - FOR STATE OF MA	ARYLAND / DEPA CERTII	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	92 3	35576	
	1. DECEDENT'S NAME (First, Middle, Last) THELMA B.	CLAS	2 K	2. DATE OF DEATH	9 YEAR	3. TIME OF DEATH 08:00 P. M.	
072	213-12-3773 1□ M 2 対 F	81 vrs.	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/11/11	Mar	yland	
TOR	Baltimore County General Hornestoene of Decement	ospital	96. CITY, TOWN OR LOCATION OF D Randallstown	EATH	9c. COUNTY OF DEATH Baltimore		
DIRECTOR	Maryland Baltimore	1,12	ity, town or location Rockdale			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 3656 Clifmar Road 11. MARITAL STATUS 12. WAS DECEDENT		101. ZIP CODE 21244		U.S.A.	WHAT COUNTRY?	
В		YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 ☐ YES 2 ☑ NO Speci	an, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, ik, White, etc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Years	16a. DECEDENT (Give kind a life. Do NOT	S USUAL OCCUPATION If work done during most of working use retired.)	Acme	INESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Jesse Myers		Rebeco	ME (First, Middle, Maiden S a Unknown			
5	Mr. Robert M. Clark, Sr.	19b. MAILIN 2312	G ADDRESS (Street and Number or Rural 2 Susanann Drive	Hampstead	, State Zip Code)	074	
	20a. METHOD OF DISPOSITION 12 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery cremetory or	eof Disposition (Name of other piece) Memorial Park	1	esville		
	21. SHONATURE OF PUNERAL SERVICE LICENSEE		Loring Byers 8728 Liberty	Funeral Di	rectors,	Inc.	
	23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition	on each line.	not anter the mode of dying, suc	ch as cardiac or respir	ratory arrest,	Approximate Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	R AS A CONSEQUENCE OF AS A		<u> </u>	In farco	00	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to d	eath but not resulting) in the underlying cause given in	Part I. 24a. WAS AN / PERFORI 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	28. PLACE OF DEATH (C	neck only one)			
Y PHYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED NJURY AT WORK? NJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED NJURY AT WORK? NJURY AT WORK?						
	. 2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF building, et	INJURY — At home, farm, c. (Specify)		281. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only orie) 1 CERTIFYING PHYSICIAN: To the best of m					a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Security 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	NO 81	29d. DATE SIGNED	0 (Morth, Day, Year) -19-42			

July 22 MONEYANTS STRATURE

'UEC 2"1" 1992



HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	tached for use as the		
ay be retained by the	page 5 should be det		he notified at on
after death. Page 6 m	y the funeral director,	noval.	ral avaminar much
uted within 24 hours	completely filled in b	rial, cremation, or ren	PORTANT II for 28 is marked or feet 23 shows any injury or other traumatic event, the medical examinar much he natitied at once
ith certificate be exec	tending physician and	al Hygiene prior to bu	or other traumati
requires that the dea	been signed by the at	. of Health and Ments	shows any injury
HYSICIAN: The law	his certificate has t	with the State Dept	ked or item 23
IL OR ATTENDING F	L DIRECTOR: After I	2 hours after death	fittem 28 is mar
AT HOSPITA	THE JUNERA	A within 75	PORTANT II

31. DATE FILED (Month, Day, Year)
DEC 2 1 1992

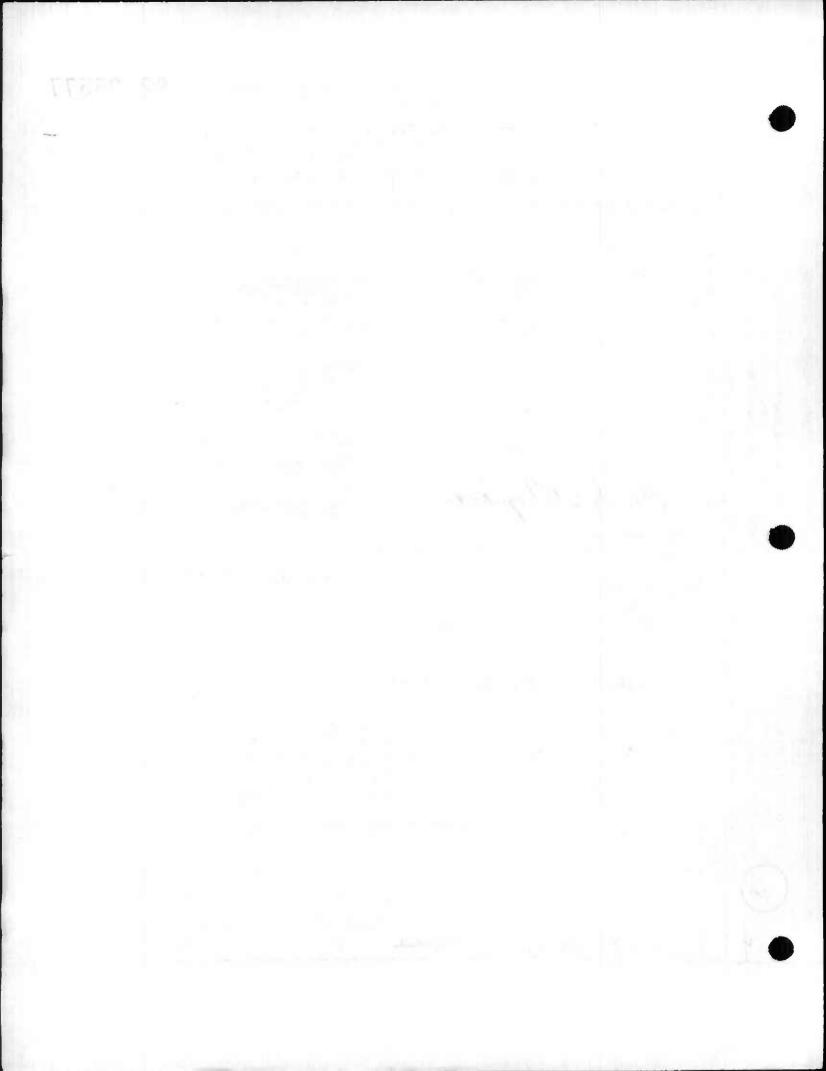
	Item 3, per 1												
	1 - STATE REGISTRAR	STATE OF N	MARYLAND A	/ DEPAF ERTIF	RTMEN	T OF H	EALTH	AND	MENT/	AL HYGIEN REG. NO.	E 97	2 3	5577
	1. DECEDENT'S NAME (First, Middle, Last)	F		AR					2. DAT	E OF DEATH		YEAR 3.	TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia	yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE				OF BIRTH	Ť	8. BIRTHPL	ACE (State or Foreign		
	067-05-0697	05-0697 ¹¬x № 2 □ F 87				DAYS	HOURS	MIN.	(Month, Day, Year) 04 17 1905			Country)	Mass.
~	9e. FACILITY NAME (If not institution, give s			9b. CIT	Y, TOWN C	R LOCATI	ON OF D	EATH		9c. COUN	TY OF DEAT	тн	
ō	CHURCH HOSPIT			BA	LTI	MORE	E CI	YTI					
DIRECTOR	10a. STATE 10b. COUNT	-		10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
	Maryland			В	alt	imor	re					7	LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	EN OF WHA	T COUNTRY?
NE	Baltimore St						2123						States
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	RMED NO	13.	If yes, spe	ecify Cuba	ın, Maxice	in, Puerto	IN? (Specify Yea Rican, etc.)	or No-	14. RACE — Black, W	American Indian, /hita, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	² □ NO	Specif	y:		- 1	Specify:	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade			ECEDENT'S				307	16	b. KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	·)	9. Do NOT u	se retired.))		.9					
MP	12 17. FATHER'S NAME (First, Middle, Last)		M	etal	La	ther						ather	Union
	Patrick J.	Carrol	1					ille		Middle, Maiden		Cart	hy
BE	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Nur	nber, City or Town			21231
5	Joan C. Bur	ns								st 170			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 🔀 Toronation 3 □ Rem		20b. PLACE	AND DATE	OF DISPO	SITION (Na.				TE 20c. LO			
	4 Donation 5 Other (Specify)		Gree	enmo enmo	unt	Cre				/21 Ba	altin	nore,	Marylar
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lozus	ich		Ma		4. C	hoj	nac	ki F.H		to.,	Md. 2123
	23. PART I. Enter the diseases, or dishock, or heart failure.	complications that	caused the de	neth. Do i	not anta	r the mo	de of dyl	ing, suc	h as ce	diac or respi	retory arre	et,	Approximete
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	1011	14								Interval Between Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF):								ad the ent.	10	2.0		
NO	Sequentially list conditions, The CHF (COMGESTIVE HEART FAILURE 200)								200,44				
ATI	If any, leading to immediata ceuse. Enter UNDERLYING	fing to immediate											
RTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
ERT	resulting in death) LAST	1											
L CEI	PART II. Other significant condition	s contributing to	daeth but not i	reculting	In the u	nderiving	cause o	olven in	Part I.	24a. WAS AN	AUTOPSY	24h WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	ATRIAL		ILLA				_000000			PERFOR	MED?	All	AILABLE PRIOR TO IMPLETION OF CAUSE
MED										T TES 2	_ NO		DEATH?
ä													3,100 1 1 110
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	ne)			
IXS	1 TYES 2 TONO 27. MANNER OF DEATH	HOSPITAL:			4 🗆 Nu	rsing Home	-	sidence					
	1 Natural 5 Pending	28e. DATE OF (Month, Da		28b. TIM	URY M	28c. INJU		l No	28d. DE	ŞCRIBE HOW IN	JURY OCCI	URED	
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At he	ome, tarm, s	street, fac) 110	281, LO	CATION (Street a	nd Number o	or Rumit Bout	Number
빌	4 Homicide determined	building,	atc. (Specify)						C/h	or Town, State)			, vortion,
COMPLETED	29a. CERTIFIER 1 OCERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, data	and place.	and due	to the ce	use(s) and man	ner as atate	d.	
MO	one) 2 MEDICAL EXAMINE												d manner ee stated.
ш	296 SCHATURE AND/TITLE OF CHATTERES		8-	1.4	12		29c. LICE			1			onth, Day, Year)
TO B	10tor/m	Lomas		1 "	CD		D	4	2+	5+	▶ / !	2-1	9-92
	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	E OF DEATH OVER	M 225 / Serve	Denett								

CHURCH

MD

BALTO

HOSPITAL



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92 35578 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ANDREW YEAR J. COLLESSOR 72 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 232-28-2745 1 X M 2 - F 19 PENNSYLVANIA 11 03 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? APT. 201 21211 USA 3838 ROLAND AVENUE use as the burial-transit the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES $1928-30 \quad \& \quad 1931-37$ 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S FOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) SHIP BUILDING ELECTRICIAN UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
MARY MARGARET HALCHIC JOHN COLLESSOR 24 hours after death. Page 6 may be retained by To BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)
13 POMONA SOUTH, APT. 9, BALTIMORE, MD. 21208 2 IYLENE ZOLIN be 20s. METHOD OF DISPOSITION
1 Distribution 2 Command Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must GREEN MOUNT CEMETERY BALTIMORE, MARYLAND 12/18/92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME filled in by the funeral on, or removal. Man 3818 ROLAND AVENUE, BALTO., MD. 21211 medical 23. PART I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death cremation. event, the disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF): completely executed within burial. Som a Renal Far DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION and Sequentially list conditions, attending physician a if any, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 requires that the death signed by the atter Health and Mental injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL any COMPLETION OF CAUSE 1 TES 2 NO shows a this certificate has been sin with the State Dept. of Hi arked, or Item 23 show 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO PHYSICIAN: ent 2 ER/Outpatient 3 DOA ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 13/9 1 Jan 1 YES YES the man BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) . 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only Check only Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPIT TO THE FUNERA Be filed within ? 296. SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 12 BROP HY 17 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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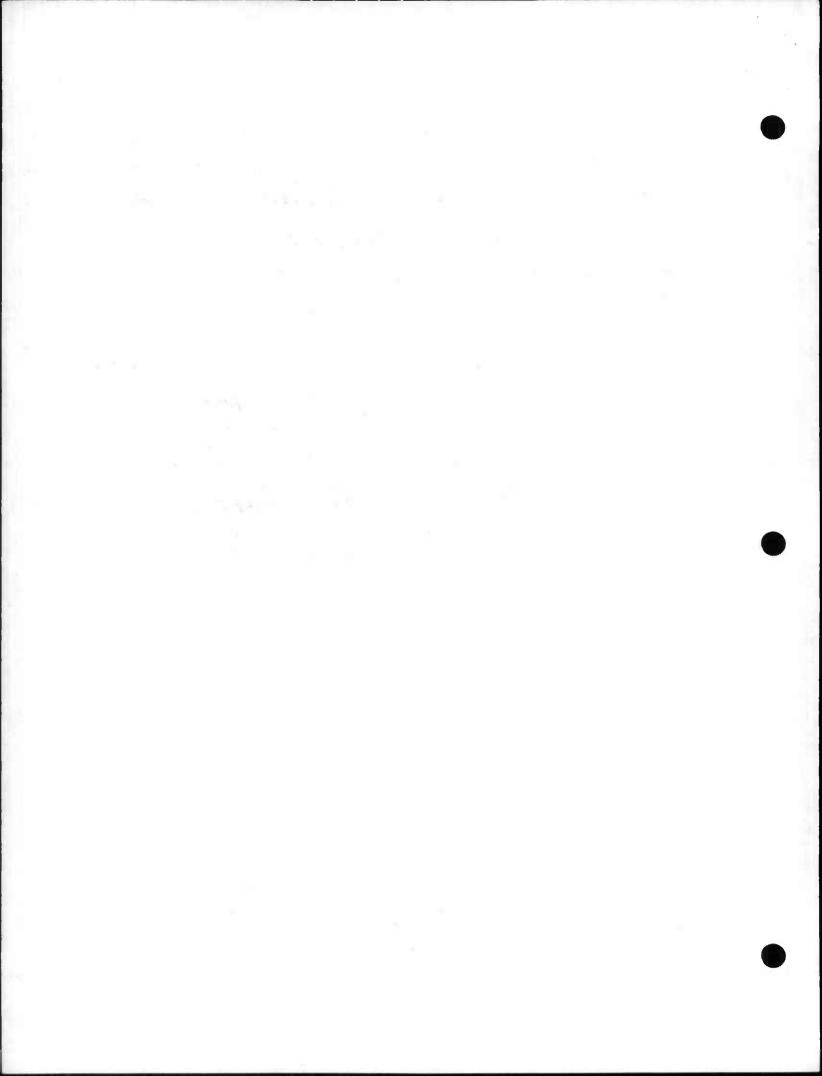
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	72	
	1. DECEDENT'S NAME (First, Middle, Last)		- \lambda		2. DATE OF DEATH		3. TIME OF DEATH
	MAKGAKI	57 1.	De (Trah	DAC 16	1990	5:55Am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday) F L	MOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	212-10-4858	1 🗌 M 2 🗗 F	8/ YRS. MON	THE DAYS HOURS MIN.	Worth, Day, Year)	911 Pose	TSMITH US
	Sa. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF E	DEATH
<u>۳</u>	2701 WILDE	SERGER 1	4VE 1	PARKVILLE		BALT	maps co
DIRECTOR	RESIDENCE OF DECEDENT			1/1-1-0100		Dilei	TOPE CO
뿐	10a. STATE 10b. COUNT	T MADE	10c. CITY TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	111D. DHZ	-/1111CFE	CO. 111	FVILLE			1 YES 2 10
₹	10s. STREET AND NUMBER	Ducelis.	0 11.	10f. ZIP CODE	2//	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2101 WIL	UBCHOOK	- HVE	01/12	54	UIZ	siff,
<u> </u>	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico		or No- 14, RAC	E — American Indian, k, White, die:
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 YES 2 W Speci		Spec	
ED I	15. DECEDENT'S EDI	LICATION	16a. DECEDENT'S USUA	N OCCUPATION	16b. KIND OF BUS	(1//	7110
ET	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	(Give kind of work of life. Do NOT use reti	lone during most of working			, SCHOOLS
P	1/	College (1-4 or 5+)	TANI	TOR	Ortere	. 00.	, 30,,000
COMPL	17. FATHER'S NAME (First, Middle, Last))	011118	18. MOTHER'S NA	AME (First, Middle, Maiden)	izmamal	
ВС	HARRY V	· 1)e G1	(all)	make	GARIST	T. F	RITT
ω .	19a. INFORMANT'S NAME (Type/Print)	0 - `	19b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Town	State, Zip Code)	
2	HAMILY 1	RECORD,	S SA	mes As	AROVE		
	20a. METHOD OF DISPOSITION		06. PLACE AND DATE OF DIS		DATE 20c. LOC	ATION — City or To	pwn, State
	1 SV Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	e peter y gestaldy by bithey b	TOD CEM.	12-19 PA	EKUJU	6 mD.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	10-4	22. NAME AND ADDRESS OF FA	CILITY A	10050	10155
	1 Jephin 7	Jan L	nancos	EVANVO CH	MELL	PISEL	popululus.
	23. PART i./Enter the diseases, or	complications that caus	ed the deeth. Do not a	pter the mode of duing our	HEP OF CITY	FDI	MEGINE
	Shock, of heart failure.	List only one cause on	each line.	mer the mode of dying, suc	in as cardiac or respir	atory arrest,	Approximata interval Between
1	iMMEDIATE CAUSE (Final disease or condition	BRA	111 -	1) 5 = 72			Onset and Death
	resulting in death)	a. DUE TO COR AS	A CONSEQUENCE OF:	rhop			
-	_	552 15 (411)	, outselection of ,				i
ğ	Sequentially list conditions, if any, leading to immediate	b	A COMPEQUENCE OF				
1 5 1		DUE TO (OR AS	A CONSEQUENCE OF):				
131	cause. Enter UNDERLYING		A CONSEQUENCE OF):				
IFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	A CONSEQUENCE OF):				
ERTIFICA	cause, Enter UNDERLYING CAUSE (Disease or Injury	c					
- CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	a underlying gauge along in	Book I Con una su		
4	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):	e underlying cause given in	Part i, 24a. WAS AN.		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMBILETION OF CAUSE
4	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	e underlying cause given in		AED?	
MEDICAL	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	e underlying cause given in	PERFOR	AED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
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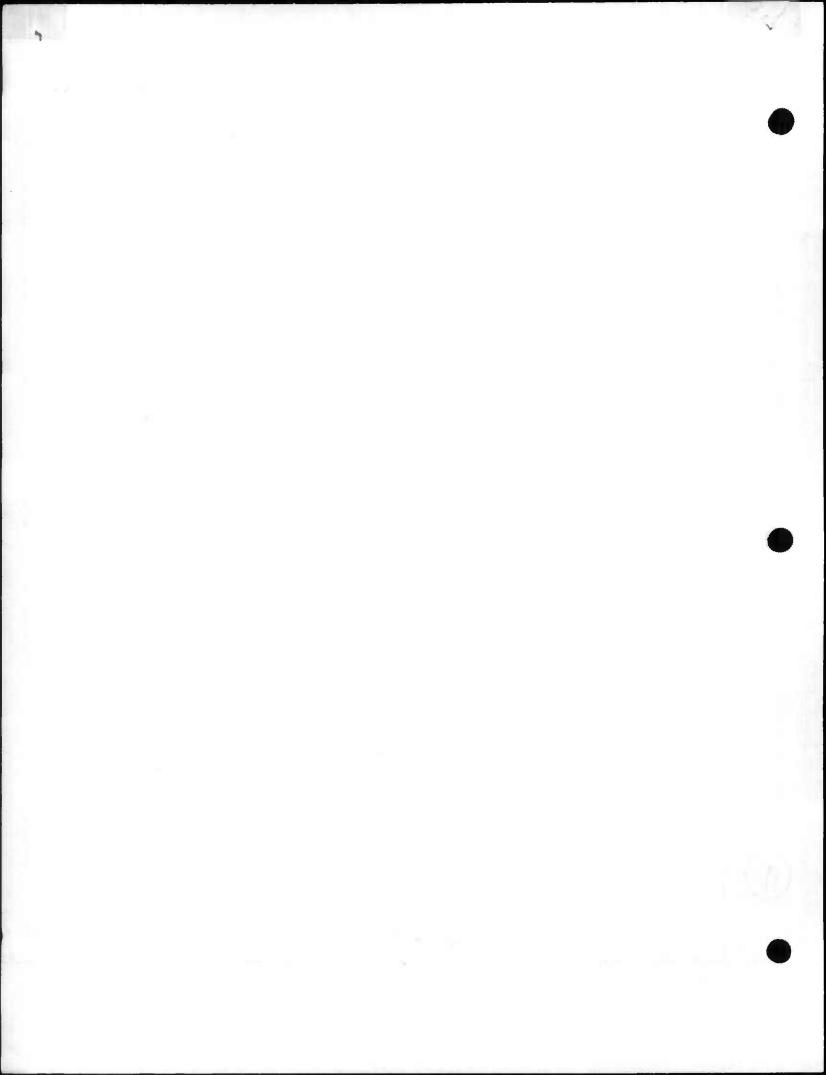
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DIVISION OF VITAL RECORDS, P.O. BOX 88760,	ATTENDING DAYSICIAN: The law requires that the death certificate he executed within 24 hours
4	_
	#

31. DATE FILEO (Month, Day, Year)
UEG 2 1 1992

THE FINERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirtin 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3, 4 for use

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPAI CERTIF	RTMENT	OF D	ALTH AND) MEN	REG. NO.	E 9	2 35	580
1	1. OECEDENT'S NAME (First)	t, Middle, Lest)	MADELIN	E ELEÍ	MORE De	PASCA	L			ATE OF DEATH		YEAR 9	NE OF DEATH
	4. SOCIAL SECURITY NUMBER 219-10-3643	BER	5. SEX	6. AGE (In)	yrs. lest birthday) YRS.	IF UNDER 1		IF UNDER 24 HR	. (4	ATE OF BIRTH		B. BIRTHPLACE Country)	(State or Foreign
	9a. FACILITY NAME (If not in	nstitution, give s	street and number)			96. CITY, T	TOWN OR I	LOCATION OF		R.31,190	_	MARYLA	IND
DIRECTOR	WILSON HEAL		RE CENTER					BURG				NTGOME	RY_
S	10a. STATE	10b. COUNT	Υ		10c, CI	TY, TOWN OR	LOCATION	N				10d. II	NSIDE CITY
	MARYLAND		TGOMERY			GAIT		BURG				1 🗆 '	IMITS? YES 2 ∑ NO
FUNERAL	301 RUSSEL		NUE, ROOM	428	S			10877				S.A.	OUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	☐ YES	2 X NO	If y	yes, specif	DENT OF NIS fy Cuban, Mai	Ican, Pue	RIGIN? (Specify Yes orto Rican, atc.)	or No—	14. RACE — Am Black, White Specify:	nerican Indian, a, atc.
ED	15, DEC	EDENT'S EDU	CATION	10	Ba. DECEDENT'S					16b. KIND OF BUS	SINESS/IND		111111
COMPLET	(Specify only Elementary/Secondary (6 12TH GRADE	1	College (1-4 or 5		(Give kind of life. Do NOT (ring most o	of working					
	17. FATHER'S NAME (First, M WILLIA	fiddle, Last)	ľE				10			Irst, Middle, Melden ARNOLD	Surname)		
TO BE	190. INFORMANT'S NAME (7) GEORGE H.	,,	7	-						Number, City or Town)61
	20a. METHOD OF DISPOSITI			20b. Pl						DATE 20c LO			
	4 ☐ Donation 5 ☐ Other	(Specify)		cemete	ry, crematory or			ADORESS OF			BALT	IMORE	
3	▶ M-	That	Colena			HUB	BARD	FUNE	RAL	HOME INC		F. MD.	21229
	23. PART I. Enter the di shock, or h	iseases, or eart fallure.	complications the	t caused th	na death Do								
	iMMEDIATE CAUSE (Fir disease or condition			ise on aaci	h iine.					,		1	Approximate Interval Between Onset and Death
			· Coret	on and	h iine.	DCU				cardiac or respi		1	Interval Between
NTION	disease or condition resulting in death) Sequentially list conditions from the sequential is conditionally in the sequential in the sequential is sequentially in the sequential in the sequential is sequentially in the sequential in the sequential is sequentially in the sequential in the sequential is sequential.	ions, dieta	s. Conot DUE TO	OVAL	h line.)F):				,		1	Interval Between
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CERTIFICATION	disease or condition resulting in death) Sequentially list condition if sny, leading to immecause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	lons, dilata ING INY	b. DUE TO c. OUE TO d.	(OR AS A CO	ONSEQUENCE C) (la			,		1	Interval Between
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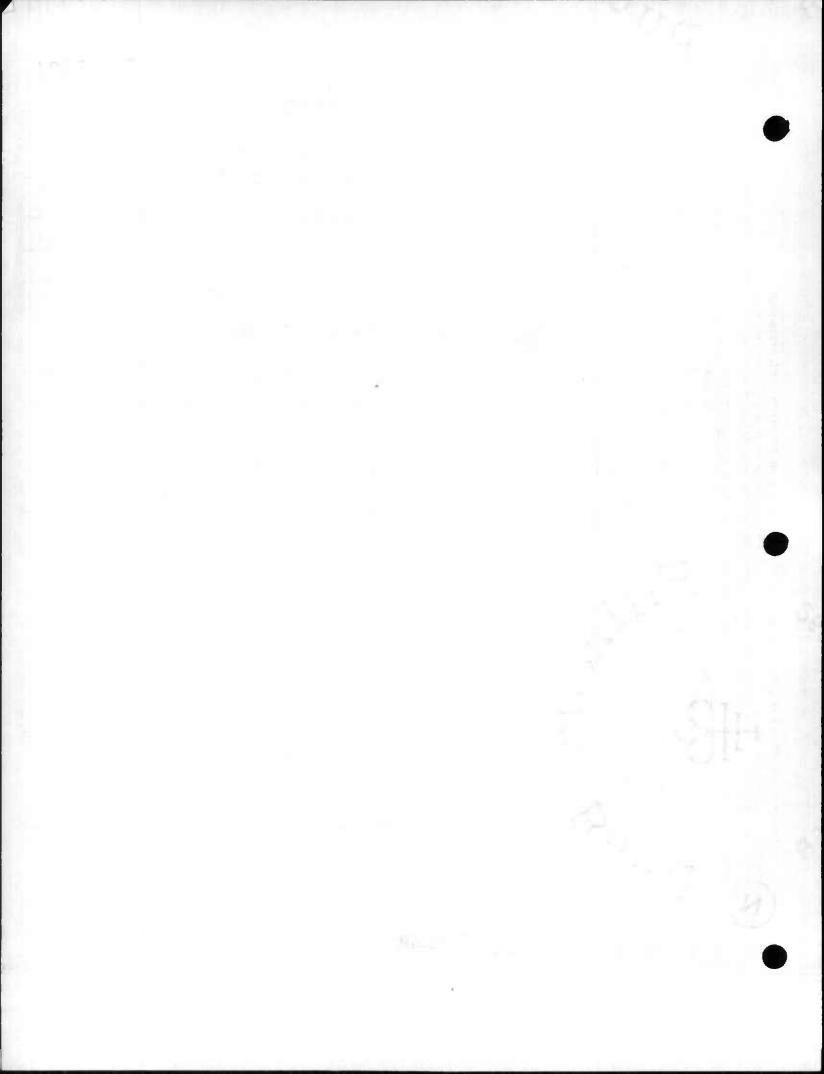


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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leath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	xaminer must be notified at once.	
THE HIGHTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNDERTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN REG. NO.	_	
1	1, DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	NACHMAN	DAVIDSON,	M.D.			DEC. 17	1992	5:15 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign
ì	2/3-28-3694 9a. FACILITY NAME (If not institution, give	1½ M 2 □ F 82	YRS.	IONTHS DAYS	HOURS MIN.	JULY 17	1910	MARYLAND
œ	KESWICK NURSING		W.	BALTIM	ORE LOCATION OF DI	EATH	9c. COUNTY 0	F DEATH
Ē	RESIDENCE OF DECEDENT							
E	10a. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	MARYLAND BALT	IMORE	BALT	MORE				LIMITS?
FUNERAL	10. STREET AND NUMBER 11 SLADE AVE., AP	T. 809		101	21208		10g. CITIZEN (OF WHAT COUNTRY?
	11, MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YE YES	2 NO	it yes, sp	ecify Cuben, Mexics	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No- 14, R	ACE — American Indian, leck, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2½□ NO Specif	y: 	W	HÎTE
COMPLETED	15. DECEGENT'S EDI (Specify only highest gred	JCATION le completed)	16a. DECEOENT'S U (Give kind of wo	SUAL OCCUPATION rectified.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe, Do NOT use	retired.)		MEDIC	INE:	
ž		5	PHYSIC	CIAN				
BE CO	17. FATHER'S NAME (First, Middle, Last) ISAAC W. DAVID	SON		•	18. MOTHER'S NA EMMA	ME (First, Middle, Melden G. GOLDBEI	RG (Sumame)	
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Rural	Route Number, City or Town	n, State, Zip Code)
2	MRS. SOPHIE DAVID	SON	11 977	DE AVE	ΔΡΤ.	ROO BALTI	MORE MD	21208
	20a. METNOO OF DISPOSITION X Buriel 2 Cremation 3 Ren		PLACE AND DATE OF	DISPOSITION (NE			CATION — City o	
	4 Donation 5 Other (Specify)	noval from State Ceme	ATTO CHA		12/18/	BAI	TIMORE	, MD
	21. SIGNITURE OF FUHERAL SERVICE L	ICENSEE	MIIO GRA	22. NAME A	D ADDRESS OF FA	CILITY		
	toel	1) ober	das			& BROS., IN		m 01015
	23. PART I. Enter the diseases, or	complications that caused	the death. Do no	t enter the mo	RETSTERTY de of dylng, suc	h as cardiac or respi	ratory arrest,	MD 21215
- 1	shock, or heart failure. IMMEDIATE CAMEE (Final	List only one cause on ea	ch ilne.				11.00	Interval Between Onset and Death
- 1	disease or condition	. RECURECUS	- Asa 3.	\ T). i.c			3 weeks
	resulting in death)		CONSEQUENCE OF):	71.000 1	OCEMPIO 4 1	-		2) 550 123
_	100	12						
일	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):					
3	cause. Enter UNDERLYING	c.						
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
	PART II. Other aignificant condition	na contributing to death by	it not resulting in	the underlyin	s cause alvae la	Part I. 24s, WAS AN	AUTOROU	ALL WERE AUTOROV FINISHIOS
SAL	Dene			the differrying	i cause given in	PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă		Pill - FICER	GINGLE			1 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	ВРИ					_		1 - YES 2 (NO
Z		WARY TRACT IN	FELTION					
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PI	ACE OF DEATH (Ch	eck only one)		
ΙχS	1 U YES 2 NO	1 Inpetient 2 ER/Outpi	tient 3 DOA 4	Nursing Hom		8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURE	
à	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, farm, str			281, LOCATION (Street a	and Number or Ru	rel Route Number,
COMPLETED	4 Homicide determined	building, etc. (Speci	197			City or Town, State)		
2	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	edge, death occurred	at the time, date	end place, and due	to the cause(a) end man	nner as stated.	
ŏ	one) 2 MEDICAL EXAMIN	IER: On the basis of examination	end/or investigation,	in my opinion, d	eath occured at the	time, date and place, an	d due to the cau	se(s) and manner sa stated.
	290. BIONATURE AND TITLE OF CERTIFIE	in .			29c. LICENSE NUI	WBER	29d. DATE SIGI	NED (Month, Day, Year)
B	Chile Di	environ (In))		1239		► 12/·	7/92
임	30. NAME AND ADDRESS OF PERSON W							
	CHARLES OGENER	AN III, AND	711 0.	4125	BALTI	more, mg Z	11211	
	31. DATE FILED (Month, Day, Year)	BEGISTERH'S SIGNI						
	DEC 2 1 1992	Gulia Deureson	Nothern					



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this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MA				HEALTH AND			3	5582	
	1. DECEOENT'S NAME (First, Middle, Last) VERNON	L. De	OWLING			DEATH	2. DATE OF OE MONTH DEC.	ATN DAY	YEAR 92	3. TIME OF DEA	ATN A N
	4. SOCIAL SECURITY NUMBER 220-03-3674	5. SEX 6	AGE (In yrs, last	7/	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	NOV . 9	1915	8. BIRTN	RYLAND	Foreign
TOR	98. FACUTY NAME IT OF INSTITUTION OF STATE OF THE STATE O	reet and number)		9b.		OR LOCATION OF DE	EATN		NTY OF DI	DMERY	
FUNERAL DIRECTOR		OMERY			OKEVIL			12		10d. INSIDE CIT	
IERAL	100. STREET AND NUMBER 21501 ZION ROAD				10	1. ZIP CODE 20833			ZEN OF W	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	MED O	II yes, sp	CENDENT OF HISPAN pecify Cuban, Maxica 5 2 NO Specify	in, Puerto Rican, a	oify Yea or No— rtc.)	14. RACE Black Specifi	- American ind Whita, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Giv	EDENT'S USU to kind of work to DO NOT use ret	done during mi ired.)	ost of working	WASI SAN	OF BUSINESS/INC HINGTON ITARY CO	SUBU	JRBAN	
TO BE CC	WILLIAM H. DOWLIN 19a. INFORMANT'S NAME (Type/Print) MARCIA L. DOWLIN		19b.	MAILING ADO	PRESS (Street)	CECE		DOUGL			
	20s. METNOD OF DISPOSITION 130 Buriel 2 Cremetion 3 Remo 4 Donetton S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or cehock, or heart failure. I	complicatione that collationly one ceusa	on aach line.	WN CE	METERY 22. NAME A MURIE 21,525 enter tha mo	NP ADDRESS OF FA LH. BAR LAYTONS' ode of dying, suc	12/18 CLUX BER FUNI VILLE R. h as cardiac or	D. LAYTO	LLE, Æ ONSVI	MD. 20882 ILLE, M Approximately interval i	nete Between
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially liat conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (O	PD/OK RAS A CONSEON	UENCE OF):	RCI	ORY 9 40 MAT UNG-	10515	3 4		Onset ar TE TWE	RM. EKS
PHYSICIAN: MEDICAL O	PART II. Other significent conditions PART II. Other significant conditions PART II. Other sig	e contributing to de	ASTA	suiting in the	ָטאט.	g ceuse given in	7.0	MS AN AUTOPSY ERFORMEO? YES 2 MNO	24b.	WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
BY PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 inpatient 2 E 28a. DATE OF IN (Month, Day,	JURY	28b. TIME OF	HER: Nursing Non 28c. IN.	JURY AT DRK? YES 2 NO	8 Other (Speci	(y) NOW INJURY OC	CURED		
	3 Suicide 8 Could not be 4 Nomicide detarmined	building, etc					City or Town			loute Number,	
TO BE COMPLETED	(Check only	R: On the basis of axan	mination and/or in	weatigation, in			time, data and pi	29d. DAT	e cause(s) and menner as (Month, Day, Year	r)

MD 20832 OLNEY

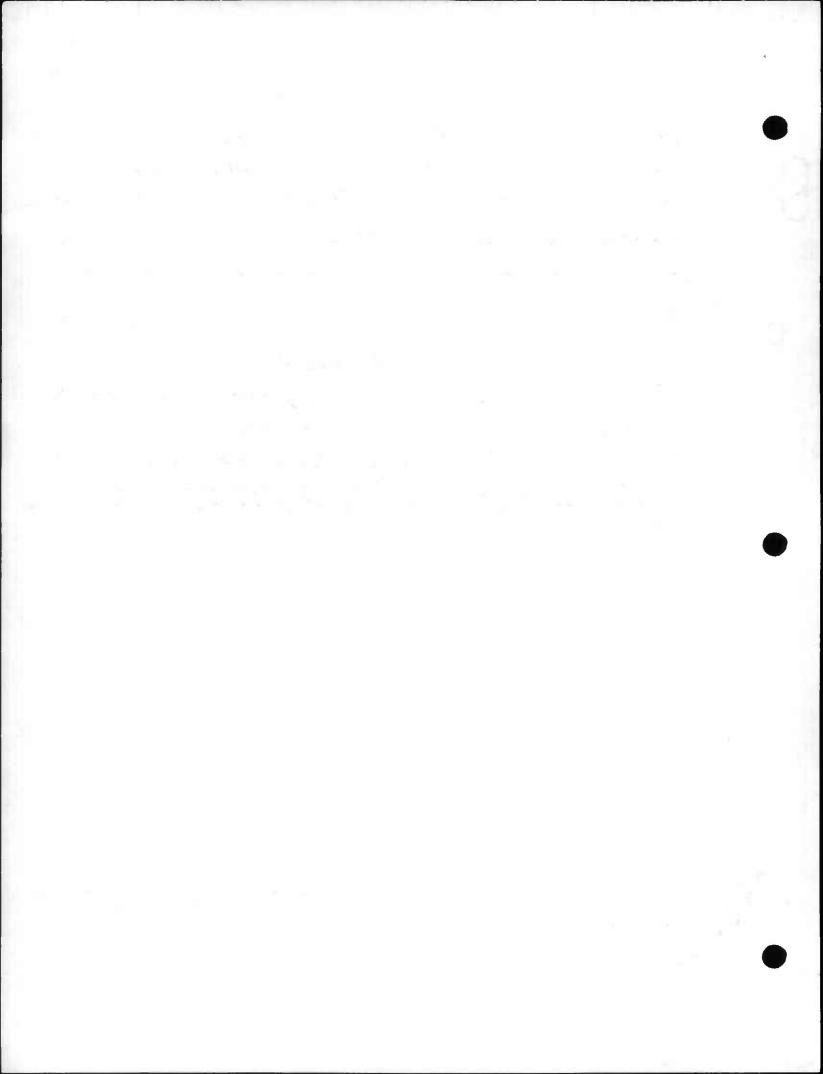
30. NAME AND AGORESS OF PERSON MINO COMM PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

31. OATE FILED (Month, Day, Year)
UEC 21 1992

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN DEC. :55 5 SEX 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 4501 1 M 2 F DAYS YRS 98 BALTE 90. COUNTY OF DEATH signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Heatth and Mental Hygiene prior to burial, cremation, or removal. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 2900 CARNEY BY FUNERAL DIRECTOR BALTIMORE CO RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 900 2/23 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 THE U.S. ARMED IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 | YES 2 | NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 0 notified at once. 17. FATHER'S NAME (First, Mic'slo, Last) 18. MOTHER'S NAME (First, Middle, Meiden Su 107 MILLER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Yown, State, SAME AS ABOVE 9 CORD e 20g. METHOD OF DISPOSITION 20c. LOCATION — City or Tox 20b PLACE AND DATE OF DISPOSITION (Name of DATE must nation 3 - Ren and any or majory or other place) 12-23 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LIC.A 22. NAME AND ADDRESS OF FACILITY VANS UNEK modet NIMA RIL medicai 23. PANT). Enter the diseases or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory shock or heart failure. List only one cause on each line. **Approximate** Onset and Death IMMEDIATE CAUSE (Final or other traumatic event, the disease or condition_ in resulting in death) HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initisted events resulting in death) LAST TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the atte by filed within 72 hours after death with the State Dept. of Health and Mental AMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, i PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | (NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 284, DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending Investigation м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER BE THE PLEASE 12/21/9 DIZ 223 9 SS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADD S 11301 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



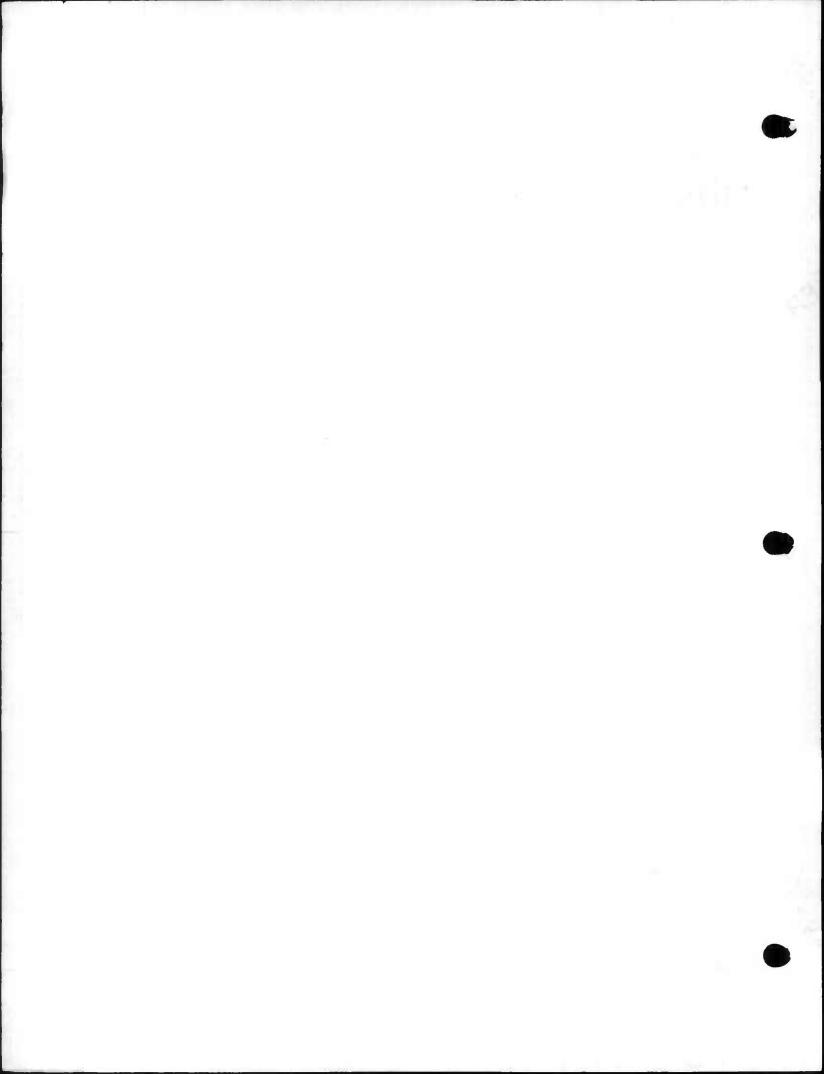
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STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR J EDWIN JOSEPH ELMORE, SR. 05 12 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1 🔛 M 2 🗆 F 212-09-2199 MARCH 7,1898 BROOKLYN, N.Y. permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL LINTHICUM 1 TYES 2 1 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 303 NANCY AVENUE use as the burlal-transit 21090 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES ZY NO Specify: BY Specify: 3 🏋 Widowed 4 □ Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 8th GRADE INSURANCE AGENT INSURANCE COMPANY notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MILTON ROMER ELMORE ELLEN SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 EDWIN ELMORE, JR. 337 LEE'S MILL DR., NEWPORT NEWS, VA.23602 20a. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Buriel 2 Cremation 3 Removal from State

Donation 5 Other (Specify) LOUDON PARK CEMETERY BALTIMORE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY the funeral HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE. medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burfal, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final the disease or condition resulting in death) Pneumonia executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OR ATTENDING PHYSICIAN; The law requires that the death certificate be other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO failure slp resuscitation COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 TYES 2 NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate ha 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 TNO 1 Pinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 5 27. MANNER OF DEATH 26a. DATE OF INJURY marked, 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED (Month, Day, Year) R -18 - 9 Z 1 Natural 5 Pending Investigation 5:05 Am After ti 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 99 3 Suicide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED FLINERAL DIRECTOR: within 72 hours after item 28 4 Homicide 29e. CERTIFIER
(Chack nnh. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIONATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 黑黑 P. Coming, M. S. Medical Revident 12-18-92 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CONSING, MO ST. A GNES HOSPITAL BALTIMORE, MD. Julia Davidson-Mandell 31. DATE FILED (Month, Day, Year) DEC 21 1992

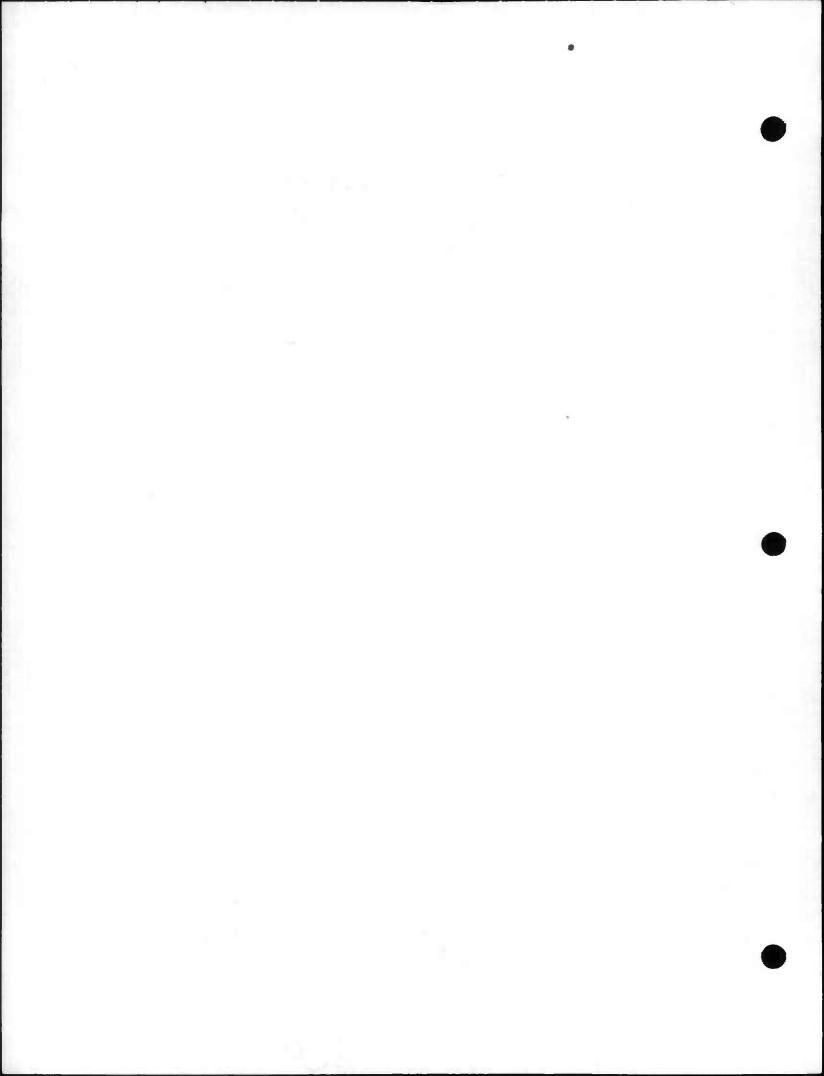
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	Charles the four this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MA OR ATTENDING PRESIDENCE. The Law coquires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	** Director: After this certificate has been signed by the attending physician and completely filled in by the it Zandius after death with the Sane Dept. of Realth and Mental Hygiere prior to burial, cremation, or removal.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIENE REG. NO.	32	35585
1. DECEDENT'S NAME (First, Middle, Las	L EURE		-		2. DATE OF DEATH DAY		3. TIME OF DEATH
SAMUE 4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	92	HPLACE (State of Foreign
230-07-0844	1 📉 M 2 🗆 F	72 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	try)
9s. FACILITY NAME (If not institution, giv	e street end number)	12	9b. CITY, TOWN O	OR LOCATION OF D	Jan 6 192	9c. COUNTY OF	irginia DEATH
Liberty Medi RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland			Ba1	timore			
10a. STATE 10b. COU	YTY	10c. CIT	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
			<u>Baltimo</u>				TYPES 2 NO
C 3010 0			101	. ZIP CODE	3	10g. CITIZEN OF	WHAT COUNTRY?
100. STREET AND NUMBER 2810 OSWEGO 11. MARITAL STATUS	AVENUE 12. WAS DECEDENT EVER IN	110 40000		21215		US.	
II . I MANAGE AND LINE TO THE PROPERTY OF	FORCES? 1 TYES	2 NO	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify Yes or an, Puerto Rican, etc.)	r No- 14, RAC Blac	E — American Indian, ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 🗌 YES	2 NO Speci	ly:	Spe	
15. DECEDENT'S E			USUAL OCCUPATION		16b. KIND OF BUSIN	NESS/INDUSTRY	Black
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working			
High School		Cl	nauffeu	r	Morgan	n State	e Universi
High School 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden Su		0.1.2 7 0.2 0.2
Samuel Hyth	<u>e</u>			Bert1	na Reed		
O THE INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street e		Route Number, City or Town,	State, Zip Code)	
Willie J. Eur	e	2810	Oswego	Ave.	Baltimor	ce, MD	21215
20s. METHOD OF DISPOSITION 2 Burial 2 Cremation 3 Re	movel from State come	tery cramatory or r	OF DISPOSITION (Na			ATION — City or 1	
4 Donation 5 Other (Specify)	Dr	uid Ri	dae Ce	metery	12/18 Bal	timore	. Marylan
21. SIGNATURE OF FUNERAL SERVICE	E With	eis	22. NAME AN	ND ADDRESS OF F	Mutter Falls Pa MD 21216	Funera	1 Homes In
23. PART I. Enter the diseases, of shock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A C	IRAT	ion P	NEUY		itory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	CONSEQUENCE O	din	Aller	resilen !	Diserse	
PART II. Other significant conditions	one contributing to death, bu	t not resulting	in the underlying		Part I. 24a. WAS AN AL PERFORM 1 YES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			ACE OF DEATH (C	neck only one)		
1 YES 2 NO	1 Inpatient 2 ER/Outpat	tient 3 🗆 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIN		URY AT	28d. DEŞCRIBE HOW INJ	URY OCCURED	
1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 1	res 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm,	street, factory, office	•	28f. LOCATION (Street end City or Town, State)	d Number or Rural	Route Number,
29a. CERTIFIER (Check only	SICIAN: To the best of my knowle NER: On the basis of examination						s) and manner as stated.
M SIGNATURE AND TITLE OF CENTER		2kg	0	LICENSE NU	MBER 2	DATE SIGNE	(Month, Day, Wear)
2 30. NAME AND ADDRESS OF PERSON V	600 W MOL	NT	Royal	Aur	Rolls	212	-17
31. DATE FILED (Month, Day, Mear) DEC 2 1 1992	32. REGISTRAR'S SIGNATURE DAY OLON-A	andell	86				



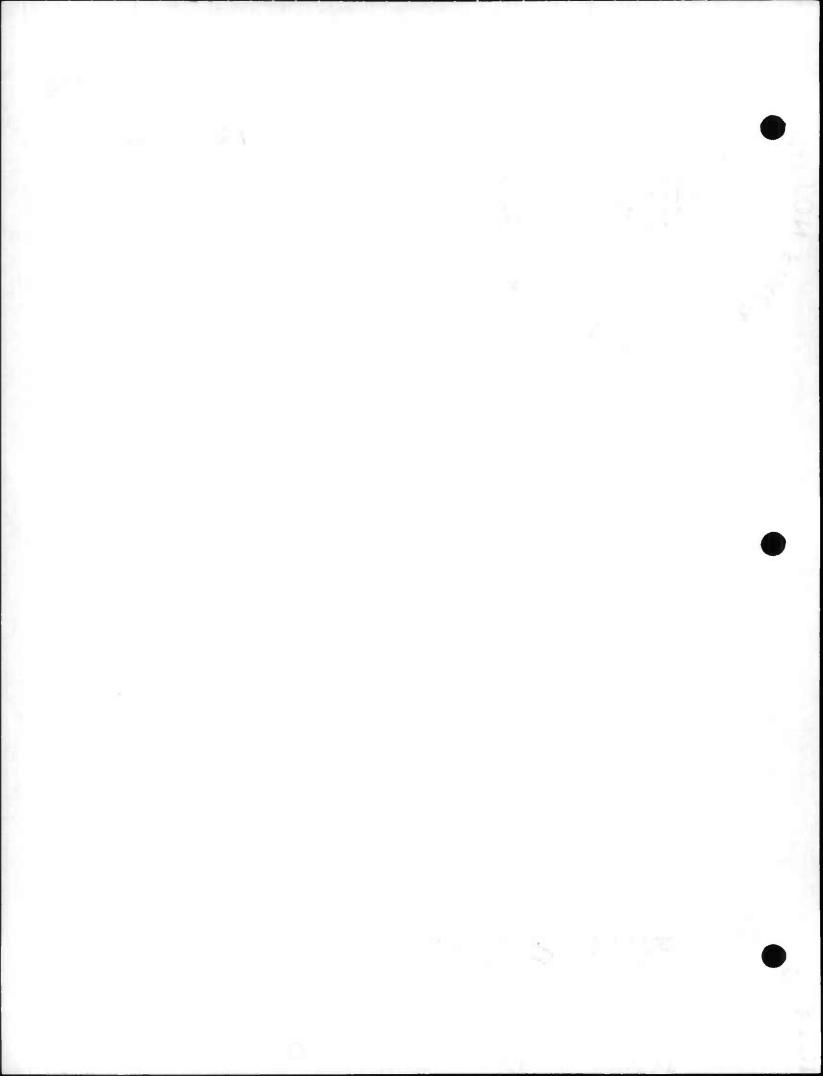
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	IOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the sharp with the State Deor, of Health and Merial Hydiene prior to burial, cremation, or removal.	
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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical process.	TOR: After this certificate has been signed by the attending physician and completely filled in by the fi the chart with the State Derit of Health and Mental Hydiere prior to burial, cremation, or removal	6 is marked at fear, 2 shows and injury or other transfer as and the marked of any and the second of any any and the second of any and the second of any any and the second of any any and the second of any and the second of any any and the second of any and the second of any any and any any any and any any and any any and any any and any any any and any any any and any any and any any and any any any any and any any any any any any any any and any any any any any any any any a
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SE 17 90 MARIA EDMONDS No. -15AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) Pennsylvania DAYS 217-84-5532 1 M 2 XF 26 HOURS 09 3066 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Univer maryland DIRECTOR Baltimore, MD RESIDENCE OF DECEDENT 100. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE 1 YES 2 - NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2822 Lanvale 21216 USA Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify. Black. COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) unemployed 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Roger Edmonds Mary Lee Brunson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mary Edmonds 1707 Holbrook St., Balto., MD 20e. METHOD OF DISPOSITION

13€ Buriel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MDWestern Star 112/ 22 NAME AND ADDRESS OF FACILITY
Lugene R. Price Funeral Home 21. SIGNATURE OF JUNERAL SERVICE LICENS ugane 108 W North Ave., Balto., MD 21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition OVIC Shock OUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 | YES 2 | 100 OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Unpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 | YES 2 | 10 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide TO THE HOLPITAL DR ATT TO THE FUNERALE DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 PITAL DR ATTERET DIRECT 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, 9 9 OF OEATH (ITEM 27) (Type, Print,

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IU THE FUNERAL UNECTURE THIS CERTIFICATE HAS DEED SIGNED BY THE ATTENDING PRYSICIATE AND COMPRISHY MIRED IN BY THE NUMERAL DIRECTOR, page 5 Should be detached for use as the burial-transit permit, Pro-

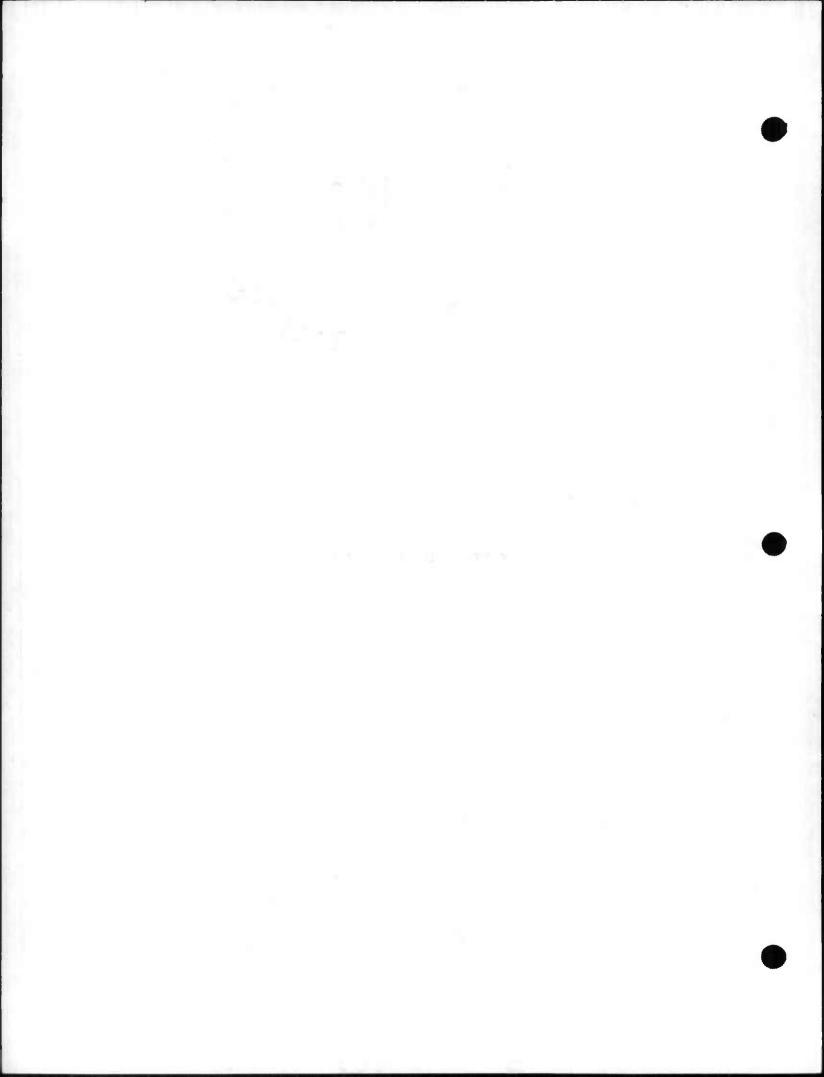
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 35587

	1 - FOR STATE REGISTRAR	NE 92	2 35587									
	1. DECEDENT'S NAME (First, Middle, Last MICHELL	E A. F	ORD		2. DATE OF DEATH	days q	YEAR 3. TIME OF DEATH 92 830 M					
	4. SOCIAL SECURITY NUMBER 213-84-0983	5. SEX 6. AGE (In)	yrs. last birthday) IF U 35 YRS. MONT	IDER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) R - 8 - 5	(r) Country)						
TOR	98. FACILITY NAME (If not institution, give street and number) LIBERTY MEDICAL CENTER BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 198. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY RESIDENCE OF DECEDENT											
BE COMPLETED BY FUNERAL DIRECTOR	10e. STATE 10b. COUN	ΤΥ	10c. CITY, TOV	N OR LOCATION		10d. INSIDE CITY LIMITS? 1 ⊠ YES 2 ☐ NO						
	3018 Mona	lawrin Are		10f. ZIP CODE 2/2/6		10g. CITIZEN OF WHAT COUNTRY?						
	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR DR DATE	2 XND	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 — YES 2 NO Specific	an, Puerto Rican, etc.)							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)											
	17. FATHER'S NAME (First, Middle, Lest)	-1		18. MOTHER'S NA	on Surnamo)	Surrame)						
0	John R. Fo	rd	3018	ESS (Street and Number or Rural Mön dawmin	Ave 1	own, State, Zip Co	rd 21216					
	20e_METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY West Wast O URABASH Ave											
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEDUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CE	PART II. Other algolificant condition	one contributing to death but	not resulting in the	undariying cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?											
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	3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)											
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner as stated.											
96	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 12-16-92											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print). SHER A HASHHI 2600 LIBERTY HEIGHTS AVE 21215											
	31. DATE FILED (Month, Day, Year) 992 32 PROGISTON'S SIGNATURE SIG											

ITEMS: 23 PART I, 27, 28a,b,d,e,f per MEO G-695 1/6/93 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 35588

		1 - STATE REGISTRAR	OIALE OF MAIL	CE			F DEATH	MENIA	REG. NO.	5			
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR											
		Donald		<u>ewis</u>		Foo	ts	12	13	19		9:50 A.	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. last		MONTHS DAY		10.0		ATE OF BIRTH 8. BIF Worlth, Day, Year) Cou		LACE (State or Foreign	
should		212-62-5662 9a. FACILITY NAME (If not institution, give s		39	YRS.	at CITY YOU	N OR LOCATION OF R		ot 131			aryland	
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permit.	. 1	10e. STREET AND NUMBER				altim	OPE			10a CITIZ		AT COUNTRY?	
ist	ER	609 Gibson Ave	enue				21229			USA			
physician. burial-transit	Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	res 2 X N	MED O	If yes,	DECENDENT OF HISPA specify Cuban, Mexic (ES 2 \(\subseteq \text{NO} \) Specify	an, Puerto	- American Indian, White, atc.				
the hospital or attending detached for use as the once.	Э ВУ	3 Widowed 4 Divorced									Specify:	Black	
or afte	ETED	15. DECEDENT'S EDUI (Specify only highest grade		(Gh	ve kind of i	USUAL OCCUPY work done during	NTION most of working	168	b. KIND OF BUS	INESS/INDI	USTRY		
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he hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Meide						1001	5	
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5 should	10 B	19a. INFORMANT'S NAME (Type/Print)					et end Number or Rurel	Route Num	nber, City or Town	n, State, Zip	Code)		
ay be re page 5		Cheryl Foots		6	09	Gibsor	n Ave.	Ba:	Baltimore, MD 2122				
ector, pa		20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Semi 4 Donation 5 Other (Specify)	aval from State	20b. PLACEA cemetery, crem	ND DATE	OF DISPOSITION ther plece)	(Neme of metery	1		CATION - C		•	
Page I direc		21. SIGNATURE OF FUNERAL SERVICE LIC		ceda.	г ні			ACILITYA I	19 Ba	Ltimo	ore	Co, MD	
rs after death. Page 6 may be to by the funeral director, page removal.		22. NAME AND ADDRESS OF FACILITY Unitter Funeral Homes, I 2501 Gwynns Falls Parkway Baltimore, Maryland 21216											
be executed within 24 hour cian and completely filled in or to burial, cremation, or aumatic event, the me	ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Betwee Onset and Deat APPROTIC AND ALCOHOL INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF):											
th certificat ending phy if Hygiene p	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
that the dea ed by the att th and Menta any Injury,	IL C	PART if. Other significant condition	s contributing to deal	th but not re	sulting	In the underly	ing cause given in	Part I.	24s. WAS AN			VERE AUTOPSY FINDINGS	
requires that heen signed by of Health an shows any	V: MEDICAL							_	PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: The law ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL				PLACE OF DEATH (C	heck only o	ne)				
SICIAN: The Certificate the State	YSI	1X YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/	Outpetient 3	□ DOA	OTHER: 4 - Nursing H	ome SE Residence	8 🗆 Othe	er (Specify)				
PHYSIC this ce with th	РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJU (Month, Day, Ye		28b. TIM		INJURY AT WORK?	28d. DE	SCRIBE HOW II	JURY OCC	URED		
After this death with	BY	2 Accident Investigation	FOUND: 12/1		9	50	1 YES 2 NO		UNKNOWN				
TTEN TOR: after	ETED	3 Suicide 6 C Could not be determined	street, factory, or	Mice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 609 GIBSON RD. BALTIMORE, MD.								
FINE OR A	COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC CONTROL OF CON	CIAN: To the best of my kinds. On the basic of examin									and manner ee stated,	
PORT	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1.1.1//				29c. LICENSE NU	MBER		29d. DATE	SIGNED (A	Nonth, Day, Year)	
222	2	Wonald And	Vright 1.	n.O.			0.C.	M.E.		1	.2/1.4	4/1992	
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT, M.D. 111 Penn Street, Baltimore, Maryland 21201										21201	
		DEC 21 1992 d	32 REGISTRAR'S	SHATINGS.	y .								
		ALC HT 1000											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUMERAL ORECTORS After the aggined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

INPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE		00000				
	1. DECEDENT'S NAME (First, Middle, Lest) Robert Augus	tas Ford				2. DATE OF OEATH	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 217 01 5178	BIRTHPLACE (State or Foreign										
- 40	9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 2338 Turkey Pt. Rd. Baltimore RESIDENCE OF DECEMENT											
DINE	9	timore		ESSEX	TION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 💯 NO				
NETAL	2338 Turkey			101	2122	OF WHAT COUNTRY?						
n d	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WIR OR DA	U.S. ARMED 2 NO TES	If yes, sp		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. SpecifyWhite				
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Fence	done during mo	st of working		Baltimore Co.					
	17. FATHER'S NAME (First, Middle, Last) Edward A.	Ford			18. MOTHER'S NA Maud	ME (First, Middle, Meide Lea Rol	sumame) certson					
	Catherine E. Ford.	Wife	196. MAILING AD 2338	DRESS (Street a	nd Number or Rural Pt. Rd.	Aoute Number, City or To Baltime	wn, State, Zip Cook	21221				
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of complete) Place and Date of Disposition (Name of complete) Place and Date of Date of Complete of Complete of Place and Date of Date of Complete of Comple											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
1	PARTY Other algnificent conditions Pementia	contributing to death bu	rt met resulting in ti	na underlying	couse given in	Part I. 24a, WAS AI PERFO	BWEDS	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 D NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1											
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DE\$CRIBE HOW INJURY OCCURED WORK?											
	Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, C											
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	AAMP AND ADDRESS OF PERSON WHO	11.	TH (ITEM 27) (Type/Prin		D330	143	12	1/8/92				

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		Rose F. Ference 12 17 9255									3. TIME OF DEATH			
	Ü	220-01-342		5. SEX	o. Muc (In yrs.	93 YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRT (Month, Day, Ye 11 02	1899	6. BIRTH Countr	Maryland
pinous		9a. FACILITY NAME (If not insti				, ,	96. CITY	TOWN (OR LOCATIO	ON OF DEA			UNTY OF D	
1, 2, 3	СТОВ	Johns Hopkins Geriatrics Center Baltimore												
Pages	분		IOb. COUNTY	1				OR LOCATION 10d. INSIDE CITY LIMITS?						LIMITS?
permit.	AL DI	Maryland 100. STREET AND NUMBER	-			Bal	tim		H. ZIP CODE	E		10a, Cl	TIZEN OF Y	1 YES 2 NO
is i	FUNER/	South Dec	ker	Ave. 1	104				2122			'		States
prysician. burlal-transit		11. MARITAL STATUS 1 Never Married 2 M	arried		YES 2	ARMED XNO	- 1	If yes, sp	pecify Cuber	n, Mexican	C ORIGIN? (Speci , Puerto Rican, et	ty Yes or No—	Black	E — American Indian, k, White, etc.
se as the l	ВУ	3 ₩Idowed 4 □ Divorce	AR OR DATES			I U YES	S 2 NO	Specify:			Speci	White		
ir use	ETED	15. DECEI (Specify only / Elementary/Secondary (0-1		completed)		DECEDENT'S (Give kind of a life. Do NOT us	work done	CCUPATION TO THE	ON ast of workin	g	16b. KIND O	F BUSINESS/IN	IDUSTRY	
detached for	COMPL	3	2)	Coffege (1-4 or 5 +		ouse	Wif	е			Dom	estic		
be detach	_	17. FATHER'S NAME (First, Mick							NE (First, Middle, M	siden Sumame)				
5 should be detached notified at once.) BE	John 194. INFORMANT'S NAME (Typ)	Kuz e/Print)	ıııa		19b. MAILING	ADDRESS	(Street a		or Rural Ro	oute Number, City o	r Yown, State, Z	ip Code)	
be no	٩	Marie Ann		elczyk)5 B	altimo			
tor, p		20a. METHOD OF DISPOSITIO 1 Burlal 2 Cremation 4 Donation 5 Other (S		rematory or o			ame of			e LOCATION - Baltii	wn, Stata e, Maryland			
funeral direct.		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	. 4	, 1.00			NO ADDRES					
0 7		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W. Dabrowski/Chojnacki F. H. P.A. 1005 Dundalk Ave. Balto., Md. 21224 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
or certificate be executed within 24 foots if Hygiere prior to burial, cremation, or or other traumatic event, the mee	CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate Interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):												
as been signed by Jept, of Health and 23 shows any i	MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
State P	SICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	₹:			Ck only one)	1		
fer this certification with the marked, or	PHY	27. MANNER OF DEATH	ndina	26a. DATE OF (Month, D	INJURY ay, Year)	26b. TIM		28c. INJ WC	JURY AT ORK?		28d. DESCRIBE H		CCURED	
After death	D BY	2 Accident Investigation 3 Suicide 28s. PLACE DF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Burel Boute Number)								Route Number,				
DIRECTOR: hours after item 28 is		4 Homicide determined building, etc. (Specify)												
로로워트	MP.			CIAN: To the bast of										e) and menner se stated,
D THE HUNERAL MPORTANT: IF	00 =	29b. SIGNATURE AND TITLE O			anning areas	A	ii, iii my o	pinon, c	_	NSE NUME				(Month, Day, Year)
1	0 B	Susan	Re	noner	- MI	<u></u>			D:	23	584	•	12/	17/92
ソ		5505 H	O D	CINE 1	SE OF DEATH (IT	TEM 27) (Type	Print) C	in	de	2	014	ad -) /2	124
1		31. DATE FILED (Month, Day, Ye	ar)	32. REGISTRA	R'S SIGNATURE					10	~ / /			
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														DHMH-16 Rev 1/89

Line I to be properly and the moderness Lucian Fred Daylor Delicie Salfand State 23 Part I,27,28a-f-, per MEO, G-695, 1/4/92gn STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

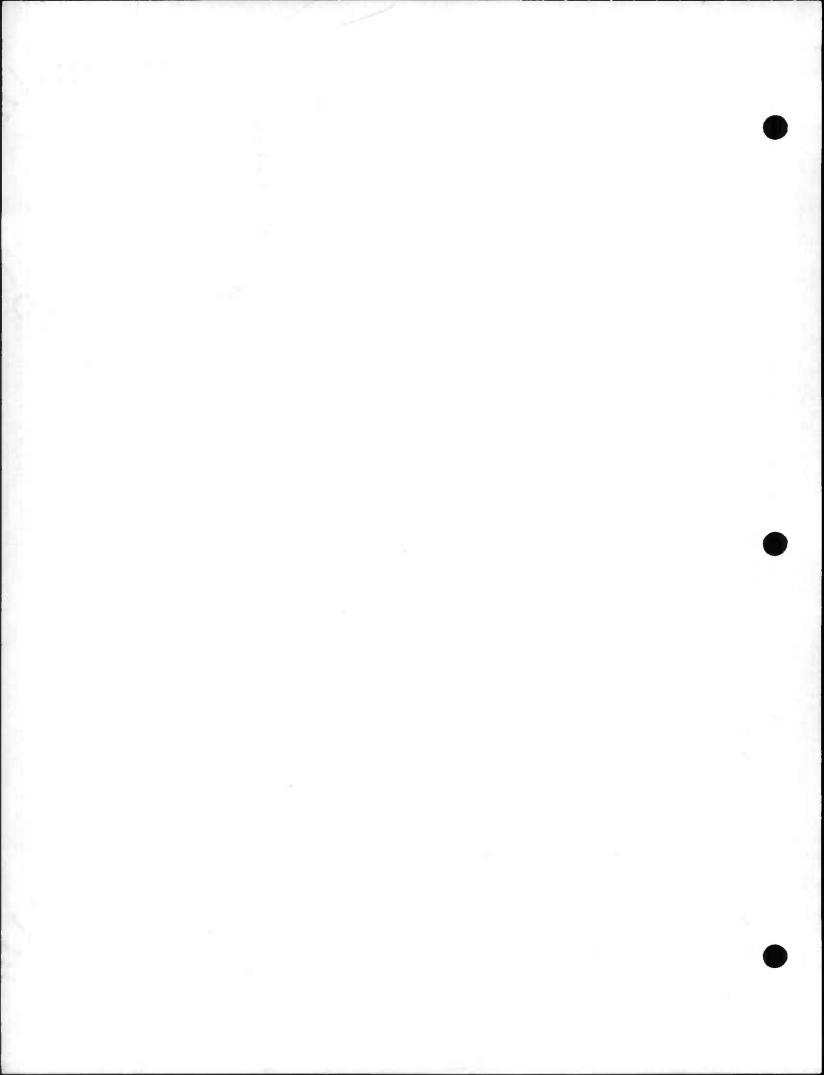
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Microbael Sex	1. DECEDENT'S NAME (First, Middle, Las	t)				2. DATE OF DEAT	ГН		TIME OF DEAT	н
\$ SECK SECRET PROMETER S. SECK S. AGE (Pirys and providely provided p	Michael			Flood	Sr.		-		6.25	PW
2.1.4-64-11.12	4. SOCIAL SECURITY NUMBER	5. SEX (8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	8. BIRTHPL		
19.04 BOONE STREET Baltimore City Street	214-64-1112	1 M 2 F	37 YRS.	MONTHS DAYS	HOURS MIN.	08-05	5-56		YLAND	
No. STATE No. COUNTY NONE No. CITY, TOWN ON LOCATION NO. CITY, TOWN ON LOCATION NO. CITY, TOWN ON LOCATION No. STATE No. CITY, TOWN ON LOCATION	9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF D					
MARYLAND NONE BALTIMORE CITY Increase No. 28 CODE 19.0 A BOONE STREET 19.0 A BO	RESIDENCE OF DECEDENT			Baltir	ore Ci	ty		none		
19.04 Boone Street 21.18.MARALETATUS 11. MARALETATUS 12. MAS DECEMBERT PROPERTY BY IN U.S. ARRED PORCESS 12.0 YES 2 100 11. TS 2 100 11.			t0c. Cr			CITY			LIMITS?	
Security 2 More	100000000000000000000000000000000000000	reet		.10	- 71		1,100			3
Control of Properties College (14 or 5-1) DELIVERER MESSENGER SERVICE	Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, s	pecify Cuban, Mexic	en, Puerto Rican, etc	2.)	Black, Y	Vhite, etc.	
DELIVERER MESSENGER SERVICE	(Specify only highest gra	DUCATION de completed)	(Give kind of	work done during m	ON ost of working	16b. KIND O	F BUSINESS/IND	USTRY		
JESSIE FLOOD 198. MALING ADDRESS (Served and Number or Paral Room Number City or Room, Stans, 2p Code) LILLIAN FLOOD 208. METHOD OF DEPOSITION 190.4 BOONE St. Baltimore, Md. 21218 208. PLACE AND DATE OF DEPOSITION (Name of Paral Room Number or R					ER	MESSI	ENGER	SERV	ICE	
196. MAILING ADDRESS (Strond and Number or Pural Route Number or P	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, M	eiden Sumeme)	-		
LILLIAN FLOOD 1904 BOONE St. Baltimore, Md. 21218 200. METHOD OF DISPOSITION DATE	JESSIE FLOOD				IDA M	IAE MC (CRAY			
20. METIOD OF DISPOSITION Spi Burlar 2 (memetion 3 (2) Removed from State A DATE 20. LOCATION - City or Town, State Consisting 5 (2) Contention 3 (2) Removed from State A DATE 20. LOCATION - City or Town, State Consisting 5 (2) Contention 3 (2) Removed from State A DATE 20. LOCATION - City or Town, State CALLY 12 - 23 - 92 Baltimore, Marylan T. T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. EMETERY 12 - 23 - 92 Baltimore, Marylan T. T. D. SCRUGGS FUNERAL HOME T. T. D. Preston street. Balto, M. 2 T. D. D. T. D	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City of	v Town, State, Zip	Code)		
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23. NAME AND ADDRESS OF FACILITY CALV IN B. SCRUGGS FUNERAL HOME CALV IN B. SCRUGGS FUNERAL HOME 12. PART I. Enter the diseases, or complications that claused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, increase or each line. Approximate interval Between Onset and all cohol intoxication	20s. METHOD OF DISPOSITION	moval from State			erne of	DATE 20	c. LOCATION —	City or Town	State	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	that initiated events	c	DR AS A CONSEQUENCE O	OF):						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inputient 2 ER/Outpatient 3 DOA OTHER: 1 Inputient 2 ER/Outpatient 3 DOA OTHER: 1 Natural 5 Pending Investigation 12/19/92 found 6: 17 P M 1 YES 2 NO Subject ingested drugs 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) Unknown 29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	PART II. Other algnificant conditi	ona contributing to d	leath but not resulting	in the underlying	g cause given in					
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EXAMINER? Table T						X				
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29b, SIGNETUNE AND TITLE OF CENTIFIER 29d, DATE SIGNED (Morith, Day, Year)	(Check only 1 CENTIFYING PH								nd manner as st	ated.
/VI a . 18 11/4/ \(/ 1 / 1 / 1			n.1							
O.C.M.E. 12 20 1992	Wint 4	400 L	1 W		O.C.M	E	12			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUDIFOR GEATH (ITEM 27) (Type, Print) MARTO GOLLE	SO, NAME AND ADDRESS OF PERSON	10 LV	TAV TAV	MARI						
31. DATE FILED (Month, Day, Yer) 32. REGISTRAR'S SIGNATURE 22 32. REGISTRAR'S SIGNATURE 22	21 DATE Ell ED (Month Day Yor)								21201	

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE KUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, ceremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be marked, or item 23 shows any injury, or other traumatic event.
--

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND C	/ DEPAR	RTMEN	IT OF H	IEALTH A	ND MEI	NTAL HYGIEN		2 3	5592
	1. DECEDENT'S NAME (First, Middle, Last)	B	-	,					DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		FF	PRK	1EI	RI			12- 15-	92	TEAN	м
	292-07-5860	5. SEX	6. AGE (In yrs. Ia	ssi birthday) YRS.	MONTHS	DAYS	HOURS 1	HRS. 7. 1	Month, Sex Year)		8. BIRTHPLI Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st		- 00	TRO.	0h 013	V TOURI C	OR LOCATION		JZ-UZ-U4			nsas
E I		100			90. CI						INTY OF DEAT	
5	3635 Hernwood Road Woodstock Baltimore Cour								re County			
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT		OR LOCAT					10	d. INSIDE CITY
	Maryland Balti	OTHERY AND AND ADDRESS.							YES 2 NO			
FUNERAL	3625 Hernwood	Dood				101	. ZIP CODE	C 2		10g. CIT	IZEN OF WHA	
N.	11. MARITAL STATUS								U.S.A			
E	1 Never Married 2 Married	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes					RIGIN? (Specify Year erto Rican, atc.)	n or No-	Black, W	American Indian, fhite, etc.		
В.	3 XWidowed 4 Divorced		N ON DATES			1 YES	2 ANO	Specify:			Specify:	White
臣	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 To FATHER'S NAME (First, Middle, Last) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) HOMEMARY 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)											
7	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Chee kind of working life. Do NOT use retired.)											
₩.	12 Homemaker Domestic											
H	10a INFORMANT'S NAME (Top Out)											
2	Mrs. Jean Higgs 9721 Old Court Road Baltimore, MD 21244											
	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of						State					
	4 Doneston 5 Other (Specify) Cemplery, crematory or other place) Granite Church Cemetery 12/18 Granite, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	HAIGHT FUNERAL HOME (P.O. Box 195)											
	23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate							Approximate				
	IMMEDIATE CAUSE (Finel							Interval Between Onset and Death				
	disease or condition a. Cital Carle Reputary Gast											
		OUE TO (C)	R AS A CONSE	QUENCE OF	7):	-/	C					
RTIFICATION	Sequentially list conditions,	DUE TO (0	FLAG A CONSE	QUENCE OF	٦.							
₽	If eny, leading to immediate cause. Enter UNDERLYING				,							
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (O	R AS A CONSE	OUENCE OF	7):							
Ш	resulting in death) LAST											
LC	PART II. Other significent conditions	contributing to de	esth but not r	resulting i	n the u	nderiving	Cause alve	n In Part	I. 24s. WAS AN	ALITODOV	an we	
MEDICAL							oodse give		PERFOR	MED?	AWA	RE AUTOPSY FINDINGS JILABLE PRIOR TO MPLETION OF CAUSE
밀									1 TYES 2	NO	OF	DEATH?
											1 [YES 2 NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL/	ACE OF DEATH	H (Check on	ly one)			
YSI	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHE 4 Nu		5 🗆 Reside	nce 6 🗆 (Other (Specify)			
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18. INJURY AT 18d. OE\$CRIBE HOW INJURY OCCUREO												
B	To large the second of the sec											
	3 Suicide 6 Could not be 4 Homicide determined	building, ato	NJURY — A1 ho c. (Specify)	me, 1erm, a	treet, fec	tory, office		261.	LOCATION (Street a City or Town, State)	nd Number	or Rural Route	Number,
COMPLETED	29e. CERTIFIER											
MP	(Check only 1 CERTIFYING PHYSICI	(AN: To the best of my	knowledge, de	ath occurre	d at the	lime, date o	end place, end	due to the	ceuse(s) and men	ner es state	ed.	
- 18		On the basis of exam	million end/or i	investigation	n, in my o				date end place, and	d due to the	e ceuse(s) end	i manner as stated.
8	296. SIGNATURE AND TITLE OF CENTIFIER						296 LICENSE	NUMBER	2	29d. DATE	E SIGNED (Mg)	nth, Day, Year)
<u>و</u> ا	30. NAME AND ADDRESS OF UKRSON WHO	COMPLETED OLUGE					104	100	/	7	117/9	10

32. REGISTRAR'S SIGNATURE

32. Author Drividson - Rondon

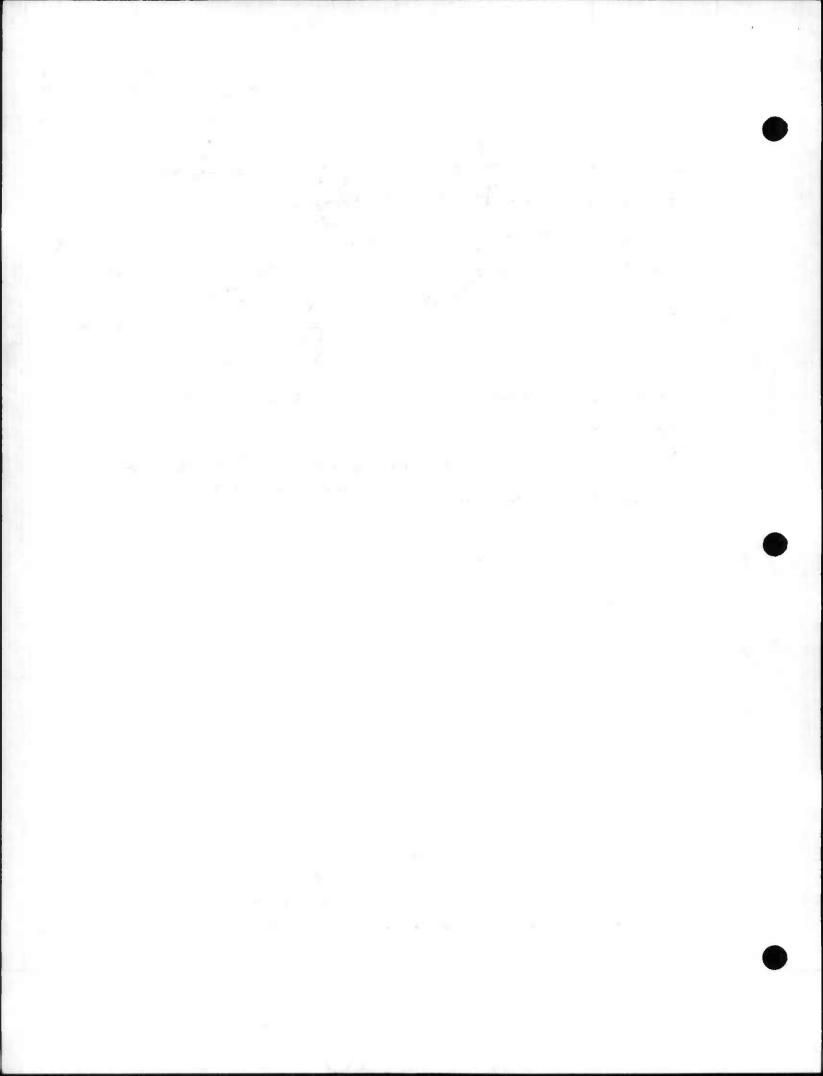
30. NAME AND ADDRESS OF IM RSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGIOTIVIT				CAIL	/ DEA	ПП	Н	EG. NO.			
1 3	1. DECEDENT'S NAME (First, Middle, Last)		M.					2. DATE OF				3. TIME OF DEATH
8		Marg	aret G	RTTZ			- 1	рес Пес	. 16		992	Q.OODM M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:		IF UNDER 1 YE	AD SE LIMINE	R 24 HRS.	7. DATE OF E	-	2 th T	-	9:00PM M
	217-60-4438	1 M 2 TF	00	YRS.	MONTHS DA	-	MIN.	(Month, De	y. Your)	02	Country)
			67	YHS.			7,000	5-7	26-	03	M	laryland
	9a. FACILITY NAME (If not institution, give s		1		96. CITY, TO	VN OR LOCAT	ION OF DE	ATH		9c. COU	NTY OF DE	ATH
E	Franklin SQU	ARE F	tospital	1	Re	oville	>			Do	144-	
K	RESIDENCE OF DECEDENT				1/4	21116	-			Da	ltim	lore
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LE	CATION					$\overline{}$	10d. INSIDE CITY
등	MA	Balto.			PARKI	alla					- 1	LIMITS?
	10s. STREET AND NUMBER	·			IMKKI							1 YES 2 NO
₹						10f. ZIP COO						HAT COUNTRY?
BY FUNERAL	3337 Woods	DE AVI				2	1234	T			USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	MED	13. WAS	OECENDENT	OF HISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, White, etc.
ш.	1 Never Married 2 Married	FORCES? 1	YES 2	Ю	If yes	, specify Cub	en, Mexicen	, Puerto Ricar	, etc.)			
â	3 Widowed 4 Divorced	" 125, 572	THE ON DAILS		''	YES 2 NO	specify:				Specify	nite
0	15. DECEDENT'S EDU	CATION	16a D6	CEDENTS	USUAL OCCUI	MTION		T 401 MM	0.05.01.0	INESS/INC		TITE
E	(Specify only highest grade	completed)	(0	ive kind of v	vork done during a ratired.)	most of work	ing	TOO. KIN	O OF BUS	HUE22/INC	JUSTHY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)					Ma				
Σ			Hol	سعوس	te			no	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Λ -				18. MOT	THER'S NAM	E (First, Middle	e, Maiden	Surname)		
BE	William G.	ARNAI	-			1	blan	che	Ste	riger	13	
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS (Str	set and Numbi	or or Bural B	oute Number C	the or True	Ctata 7in	Codel	
2	FAMILY Records		"		7-5011200 (00)	rot end reamb	or norm	oute rearriose, c	ary or rown	r, State, Zip	/ C00e)	
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE	ANDDATEC	FDISPOSITIO	(Name of		DATE	20c. LO	CATION -	City or Tow	vn, State
	4 Donation 5 Other (Specify)		PAR V	NOOD	Com	etery		14.8/92	Pa	RKVI	lle	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22 NAM	E AND ADDR	ESS OF FAC	ILITY				
	()		0		EVA	MS CI	napel	105 N	15wc	sries		
	Govert Co.	graves	7 /V .				•					
	23. PART I. Enter the diseases, or o	complications the	it caused the de	ath. Do n	ot enter the	mode of dy	ying, such	an cardiac	or reaple	ratory an	rest,	Approximata
	shock, or heart failure.	List only one cau	use on each line	ð.						•		Interval Between
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
	resulting in death)	Seps.										
- 1		DUE TO	(OR AS A CONSE	QUENCE OF	ን:							
Z	Accessor in the Continues	b										!
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE OF	7:							
8	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	QUENCE OF	7):							+
E	resulting in death) LAST											
三		d		-								1
	PART II. Other significant condition	s contributing to	death but not i	resulting i	n the under	ving cause	alven in F	Part I 24s	. WAS AN	ALETTOPSV	245	WERE AUTOPSY FINDINGS
EDICAL						,,			PERFOR			AVAILABLE PRIOR TO
ă								10	YES 2	₫ NO		COMPLETION OF CAUSE OF DEATH?
¥												1 YES 2 NO
								_			- 1	
₹ I	25. WAS CASE REFERRED TO MEDICAL				-	DI ACE OF	DEATH OF-	ok onte anal				
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF I	CAIN (CAS	un only one)				
× S	1 TES 2 NO	1 Nnpatient 2	ER/Outpatient 3	□ DOA	4 - Nursing	Home 5 🗆 R	lesidence 8	Other (Sp	ecify)			
표	27. MANNER OF DEATH	28a. DATE QF (Month, D	NJURY Pay, Year)	28b. TIM	E OF 28c	INJURY AT WORK?		28d. DESCRIE	BE HOW IN	JURY OCC	CUREO	
8	1 Natural 5 Pending 2 Accident Investigation					YES 2	□ NO					
	3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At he	me, farm, s	treet, factory,	office		28f. LOCATIO	N (Street a	nd Number	or Rural Ro	oute Number
COMPLETED	4 Homicide datermined	building,	etc. (Specify)				- 1	City or To	wn, State)			
E I	M. OFFITTER											
릴	(Check only 1 X CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurre	d at the time,	date and place	e, and due t	to the cause(a)	and man	ner as stat	led.	
8	one) 2 MEOICAL EXAMINE	R: On the basis of a	xamination and/or	Investigatio	n, In my opinic	n, death occu	red at the t	ime, date and	place, and	d due to th	ie cause(a)	and manner as stated.
	396 SIGNATURE AND TITLE OF CERTIFIER		9	-								
8	11)	14	21/1	1	111	SAC' FIG	ENSE NUM	PCFI		ZVd. DAT	E SIGNED ((Month, Day, Year)
٥	Konce	10	MIK		mo							
-	30. NAME AND ADDRESS OF PERSON WH											
	Dr. Renee	C. Bove	elle, M	l. D.		9000	Fra	nklin	Sa	וופצים	2 Dr	ive-21237
	31. DATE FILED (Month, Day, Year)					- 000	0		. 54	ualt	- DI.	TAG-51521
- 1	DEC 2.1 1992	2 32. REGISTRY	on-Handel	2								
		1 //										

BALTIMORE, MARYLAND 21215-0020



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attending physician.

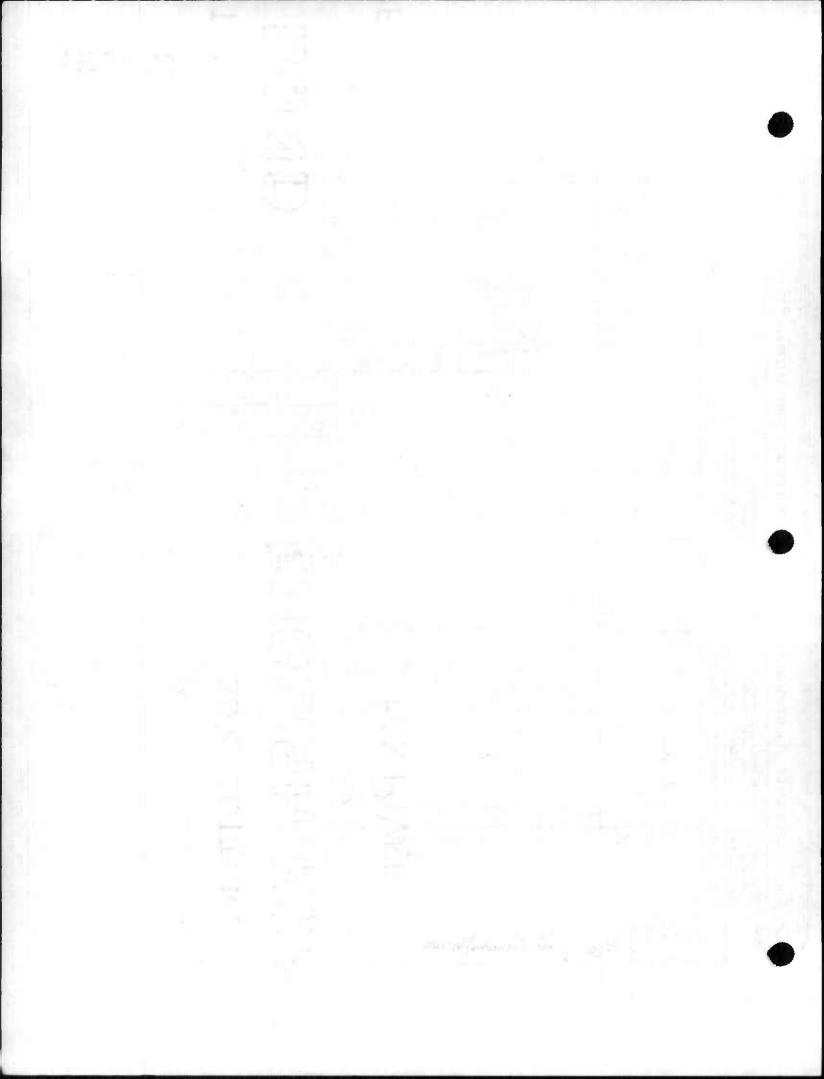
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF OEATH

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	Robert Ca	airo Gr			2. DATE OF OEATH DAY 12 1		3. TIME OF DEATH
	012 12 2462 1	₩2□F 7	n yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 01/05/191	.8 SC	otland
20	9a. FACILITY NAME (If not institution, give street Harbor Hospital	· ·		Baltim	OTE (City	9c. COUNTY OF	
DIRECTOR	nesidence of decedent 10e. STATE 10b. COUNTY Maryland Anne	Arundel		y, town on Loca				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER 5810 Redmond Str				1. ZIP CODE 21225		10g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL		2. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR OA World War I	2 NO	It yes, sp	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No.— 14. RAC	E — American Indian, ck, White, etc.
COMPLEIED	15. OECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION	16a. OECEOENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION More retired.)	ost of working	16b. KIND OF BUSI	Ness/INDUSTRY	
BE COMP	17. FATHER'S NAME (First, Middle, Last)	hn M. Gray	Superi	incenden	16. MOTHER'S NA	ME (First, Middle, Maiden S 11ie Curry		e
20	190. INFORMANT'S NAME (Typo/Print) Elizabeth Gray		19b. MAILING 5810]	ADDRESS (Street Redmond	and Number or Aural Street	Aoute Number, City or Town Baltimore		and 21225
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Remova 4 Donation 8 Other (Specify)	of c	PLACE AND DATE Semetary, crematory Pdar Hil	or other place) 1 Cemete	ery	12/21 Ba1	timore,	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Tamua	nh	Georg		cuny Ce Funeral Hwy. Balt:	Home P.	Α.
CERTIFICATION	shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	John TO (OR AS A		F): F):	rule	Acaid	Seef	Interval Between Onset and Death 3 Could
MEDICAL	PART II. Other significant conditions of Rever Horizont	lure	ut not resulting	In the underlyle	ng ceuse given in	Part I. 24a. WAS AN / PERFORI	MED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:		OTHER:	PLACE OF DEATH (C			
BY PHY	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF 28c. IN W	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. OE\$CRIBE HOW IP		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offi	ce	281. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,
COMPLETED	Check only 2 MEDICAL EXAMINES:							e(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	1D	- Print)	29c. LICENSE NU D-28		≥ 12/	18/32
		etinettel 1	MD	606	HATTI	oulf Lan	E 34	To, 10 21228
	UEL 2, 1 1992 gu	32 MEGISTRAR'S GIGH	ATURE					





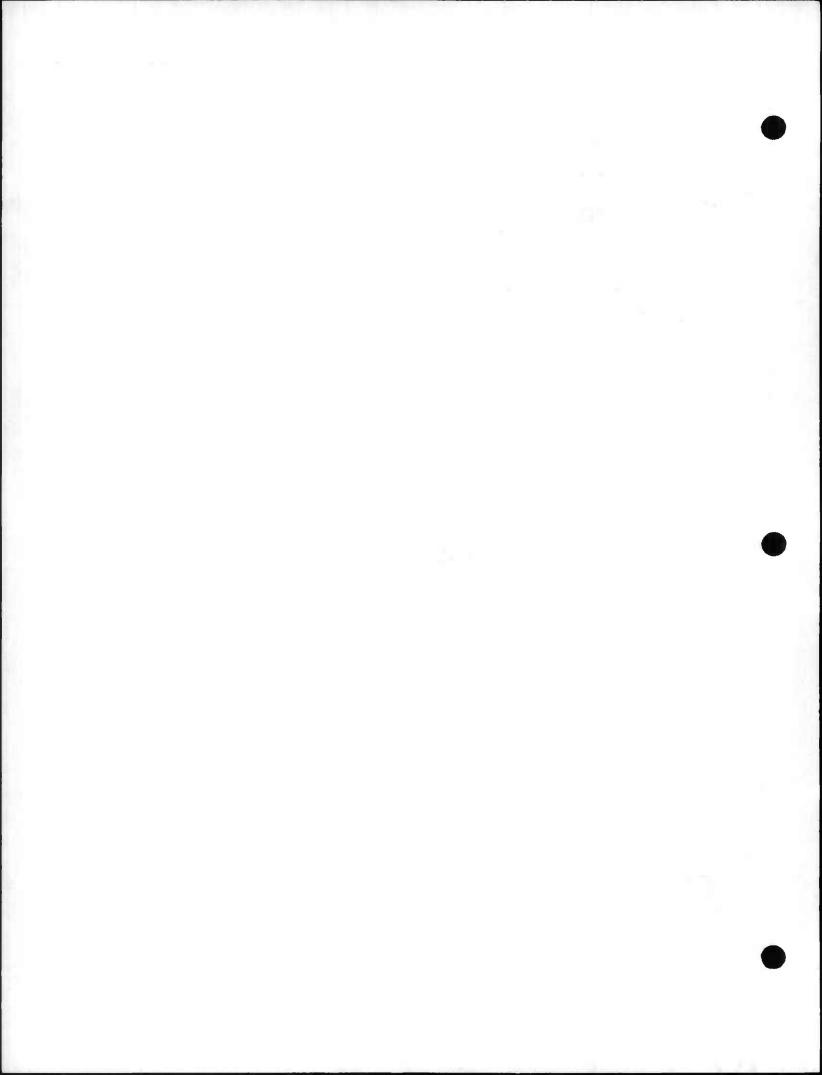
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

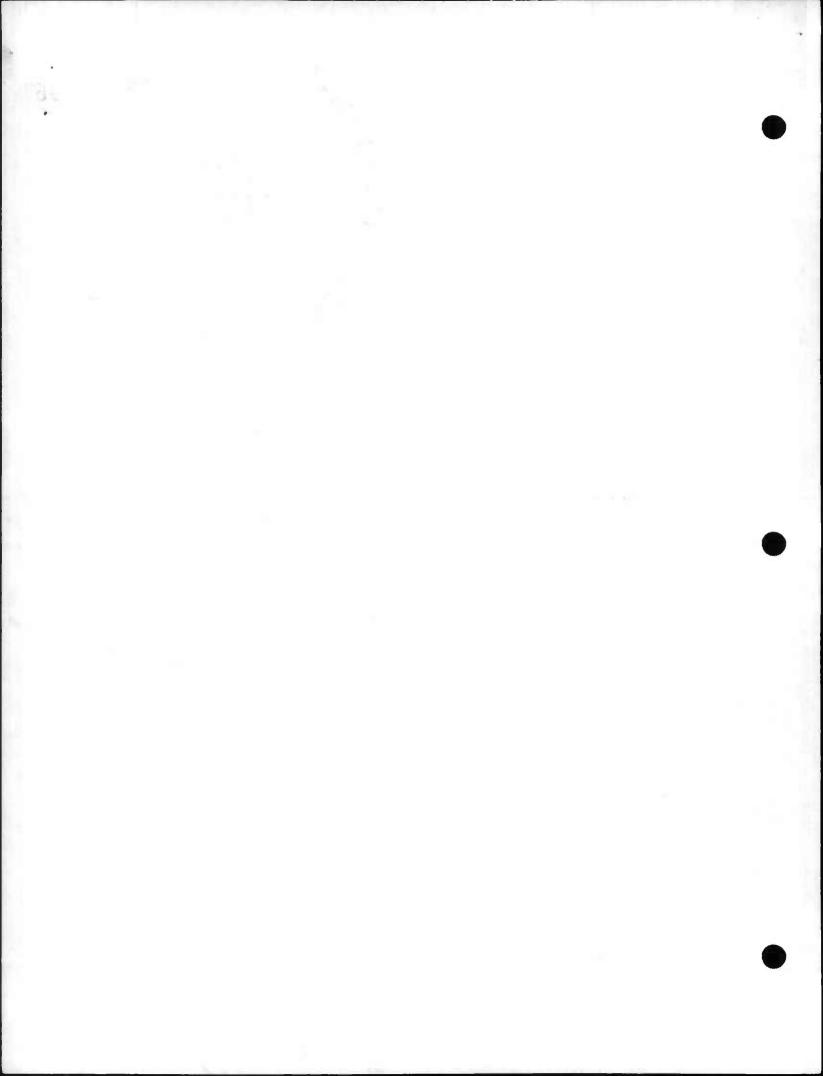
	REGISTRAR	C	ERTIF	ICATE O	F DEATH	REG. N	0.	
(1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	SHAWN	GAS	SQUE		2. DATE OF DEATH		3. TIME OF DEATH 7:05 P M
	4. SOCIAL SECURITY NUMBER 218 - 96 - 8644	5. SEX 6. AGE (In yrs. In	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
OH	9a. FACILITY NAME (If not institution, give str FLOWERTON RD.&			96. CITY, TOW BALTI	OR LOCATION OF DE	0 10	9c. COUNTY	M D Y OF DEATN
DIRECTOR	10e. STATE 10b. COUNTY		100	Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
	M D 100. STREET AND NUMBER		<u> B</u>	ALTIMO	RE	-	10g. CITIZE	X YES 2 ☐ NO N OF WHAT COUNTRY?
FUNERAL	1205 N. WOOD	INGTON ROAD 12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS D	21229	HC ORIGIN? (Specify)	fee or No 14	USA I. RACE — American Indian,
B	1X_Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes,	specify Cuban, Mexica ES 2 X NO Specifi	n, Puerto Rican, etc.)		Black, White, etc.
rreien	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 5 t h	College (1-4 or 5+)				16b. KIND OF 8	USINESS/INDUS	TRY
E COMPL	17. FATHER'S NAME (First, Middle, Last) TIM G.	GASQUE	71000			ME (First, Middle, Melde		201
2	198. INFORMANT'S NAME (Type/Print) DEBORAH GASOUE	1				Route Number, City or To		ode)
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remo	val from State 20b. PLACE	ematory or o	OF DISPOSITION		DATE 20c. I	OCATION — CIR	y or Town, Stata
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIQ	ENSEE KIN	LG ME	WM	AND ADDRESS OF FA	112/13 CH, F/H	, WEST	,
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):	TOUMOS			
MEDICAL	PART II. Other significent conditions	contributing to deeth but not	resulting	in the underly	ing ceuse given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\sqrt{N}\) NO
PHYSICIAN:		HOSPITAL: 1 inpatient 2 ER/Outpatient	3 🗆 DOA	OTHER:	PLACE OF DEATN (Ch	ock only one) Sther (Specify)	WOODE	D AREA
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURTE OUT (Month, Day, Year) 12-18-1992	7 : C	han 7	NJURY AT WORK? YES 2 ND	28d. DESCRIBE HOW SUBJECT		STABBED
ETED B	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At h building, stc. (Specify)		etreet, factory, of ED ARE.		201. LOCATION (Street FIGURER 1	t and Number or ON RD/	BALTO, MD
COMPLE		IAN: To the best of my knowledge, d						ause(a) and manner as stated.
TO BE C	294 SIGNATURE AND TITLE OF CERTIFIER	MAN			O. C.M.E			19-1992
	MARIADICAL	COMPLETED CAUSE OF DEATH (IT)	1 N.		ST. BAI	TIMORE,	MARYLA	ND 21201
	DEC 2.1 1992	white Alberta Call						

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BALTIMORE, MARYLAND 21215-0020



1 10 1	DECEDENT'S NAME (First Middle Look)		CERTIFICATE O	HEALTH AND N	REG. NO		3559
9.3	I. DECEDENT'S NAME (First, Middle, Last) Elizabeth	V. GRE	22		2. DATE OF DEATH DATE OF DEATH	and a	3. TIME OF DEATH
	2 18 - 22 - 7637		rs. last birthday) IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Your)	Coun	HPLACE (State or Fore
1	De. FACILITY NAME (If not institution, give str	- 10		N OR LOCATION OF DE	08/29/ ATH	9c, COUNTY OF	"Maryland
TO T	MIEMSS 22 RESIDENCE OF DECEDENT	Greene S+ Ho		. mp	Baltimore	Balti	more City
DIREC	MD Balti	imore	10c. CITY, TOWN OR LO	CATION LS TOWN			10d, INSIDE CITY LIMITS? 1 YES 2XXN
	0e. STREET AND NUMBER	0		101. ZIP CODE	12211		WHAT COUNTRY?
	1. MARITAL STATUS	12: WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		DECENDENT OF HISPAN specify Cuben, Mexican	IC ORIGIN? (Specify Yes	or No- 14, RAC	United E - American Indian
₩ 3	Never Married 2 Married	IF YES, GIVE WAR OR DATES		rES 2 NO Specify		Spec	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5+)	a. DECEDENT'S USUAL OCCUPY (Give kind of work done during life. Do NOT use retired.)		166. KIND OF BU	SINESS/INDUSTRY	
MPLI	6th grade	College (1-4 or 5+)	Housewife				
E CO	7. FATHER'S NAME (First, Middle, Last) George Misal				WE (First, Middle, Maiden Virginia		1
1 m II	9a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Stre	et end Number or Rural F	loute Number, City or Tow	n, State, Zip Code)	
2	Mr. James H.	20h PI	2118 Westch			re, MD	21228
4	Buriel 2 Cremation 3 Remo	val from State cemeter	ry, crematory or other place) loodlawn Cemet	`	12/19	Woodlawn	
2	H. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		ng Byers		rectors.	Inc.
	23. PART/I. Enter the diseases, pr c	pmplications that counse the	8728	Liberty :	Road Rand	allstown	
	hock, or heart failure. I	lat only one cause or each	line.	/		indity arroad,	Interval Be Onset and
	disease or condition resulting in death)	AXOIO PU	Amonacy 1	anest			
Z		Bilateral (erebral la	vicinies (Intracean	al Weed	0)
	Composite the life conditions	DUE TO 100 40 4 00	INSEQUENCE OF):			,	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Bilalend	a Arule	S. Sales	0 ///		
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Bi lateral DUE TO (DR AS A CO	R Acute S	Subdum	I Hero	nling	
CERTIFI	of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bilateral DUE TO (DR AS A CO	Acuse S INSEQUENCE OF:	u		Dermis	Church or metaca
AL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Bilaternal DUE TO (DR AS A CO Cludded Contributing to deeth but a	Acuse on the second of the sec	u	Part I. 24a. WAS A PERFOR	MINDPSY 246	b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA
DICAL CERTIFI	of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CO DUE TO (DR AS A CO CLUMAN S contributing to deeth but a	Acuse on the second of the sec	u		MINDPSY 246	b. WERE AUTOPSY FIN MAILABLE PRIOR T COMPLETION OF CA OF DEATH?
AN: MEDICAL CERTIFI	of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 5. WAS CASE REFERREO TO MEDICAL	DUE TO (DR AS A CO		u	Part I. 24a. WAS A PERFOR	MINDPSY 246	b. WERE AUTOPSY FIN MAILABLE PRIOR TI COMPLETION OF CA OF DEATH?
SICIAN: MEDICAL CERTIFI	of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 5. WAS CASE REFERREO TO MEDICAL EXAMINARY 1 7 YES 2 NO	DUE TO (DR AS A CO CLUSAGE COntributing to deeth but r HOSPITAL: 1 Winperient 2 WER/Outpatie	26 OTHER:	Ving ceuse given in	Part I. 24a. WAS A PERFOR	MINDPSY 246	b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA
PHYSICIAN: MEDICAL CERTIFI	f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 5. WAS CASE REFERREO TO MEDICAL EXAMINARY	HOSPITAL: 1 Propertient 2 Provoutpation 28a. DATE OF INJURY (Month). Day. Year) 12 / 16 / 9 7	ont 3 DOA OTHER: 4 Nursing H 28b. TIME OF INJURY M 1 [PLACE OF DEATH (Che lome 5 Residence INJURY AT WORK?	Part I. 24a. WAS A PERFOR	DIDPSY 246 MED? 246 NJURY OCCURED	b. WERE AUTOPSY FIN MAILABLE PRIOR TI COMPLETION OF CA OF DEATH?
D BY PHYSICIAN: MEDICAL CERTIFI	f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Propertient 2 Provoutpation 28a. DATE OF INJURY (Month). Day. Year) 12 / 16 / 9 7	ont 3 DOA OTHER: 4 Nursing H 28b. TIME OF INJURY 28c.	PLACE OF DEATH (Che lome 5 Residence INJURY AT WORK?	Part I. 24a, WAS A PERFOR 1 YES 2	INDESY 246 INDESY 246 INJURY OCCURED A D S Learned Number or Rural	b. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF COOP DEATH? 1 YES 2 N
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	Fary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINARY 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 90. CERTIFFIER (Check only)	HOSPITAL: 1 Propertient 2 Preproupette 28. DATE OF INJURY (Month, Day, Year) 12 16 97 26. PLACE OF INJURY — building, etc. (Specify) JAN: To the best of my knowledge	28b. TIME OF INJURY M 1 { At home, term, street, factory, or ge, death occurred at the lime, d	PLACE OF DEATH (Che tome 5 Pesidence INJURY AT WORK? YES 2 NO	Part I. 24a, WAS A PERFORE 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW IS Town, State) to the cause(s) and main and m	NJURY OCCURED AND RESIDENCE OF	D. WERE AUTOPSY FINANALABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N PS S Tri Cay Route Number,
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	Fary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINARY 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 90. CERTIFFIER (Check only)	HOSPITAL: 1 Propertient 2 FED/Outpette 28. DATE OF INJURY (Month, Day, Year) 12 16 97 26a. PLACE OF INJURY — building, etc. (Specify) 4 12 1	28b. TIME OF INJURY M 1 { At home, term, street, factory, or ge, death occurred at the lime, d	PLACE OF DEATH (Che tome 5 Residence INJURY AT WORK? YES 2 NO Mice Iste end place, end due in, death occured at the	Part I. 24a. WAS A PERFOR 1 TYPES 2 1 TYPES 2 1 TYPES 2 2 TOTAL STREET HOW IT IN THE STRE	NJURY OCCURED A D S learned Number or Rural oner as stated, d due to the cause	D. WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N PS Striction Route Number,
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Fary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 5. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 90. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 96. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Unpatient 2 PEN/Outpatie 28a. DATE OF INJURY (Month. Day, Year) 26a. PLACE OF INJURY building, etc. (Specify) CIAN: To the best of my knowledg	26. TIME OF INJURY M 1 [At home, term, street, fectory, or possible of the lime, diddor investigation, in my opinion	PLACE OF DEATH (Che tome 5 Pesidence INJURY AT WORK? YES 2 NO	Part I. 24a. WAS A PERFOR 1 TYPES 2 1 TYPES 2 1 TYPES 2 2 TOTAL STREET HOW IT IN THE STRE	NJURY OCCURED A D S learned Number or Rural oner as stated, d due to the cause	D. WERE AUTOPSY FIN AMALABLE PRIOR I COMPLETION OF CU OF DEATH? 1 YES 2 N
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	fl any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 1 Unpatient 2 PEN/Outpatie 28a. DATE OF INJURY (Month. Day, Year) 26a. PLACE OF INJURY building, etc. (Specify) CIAN: To the best of my knowledg	26. TIME OF INJURY M 1 [At home, term, street, fectory, or possible of the lime, diddor investigation, in my opinion	PLACE OF DEATH (Che tome 5 Residence INJURY AT WORK? YES 2 NO Mice Iste end place, end due in, death occured at the	Part I. 24a. WAS A PERFOR 1 TYPES 2 1 TYPES 2 1 TYPES 2 2 TOTAL STREET HOW IT IN THE STRE	NJURY OCCURED A D S learned Number or Rural oner as stated, d due to the cause	D. WERE AUTOPSY FIN AMALLABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No. 1 YES 2 No. 1 YES 2 No. 1 YES 3 NO.



YEAR

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR

1

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

a OR ATTENDING PHYSICIAN: The law requires that the death certificate DIVISION OF VITAL

PAUL GORAY EST. 11:30 A 12 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
July 12,1907 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 XM 2 F 85 MONTHS DAYS HOURS 213 07 6524 Germany should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel Hospital Association Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 XNO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1145 Catch Harbor 21122 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 6 Carpenter Wood Working 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) (Unknown) Justine Goray (Unknown) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Ruth V. Goray 1145 Catch Harbor, Pasadena, MD 21122 20a, METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Buriel 2 Cremetion 3 Rem funeral director, Donation 5 Other (Specify) Glen Haven Memorial Park 12/19/92 Glen Burnie, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122 filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition and completely for burial cremation resulting in death) event, AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE) 2 the attending physician in Mental Hygiene prior to if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS s been signed by the MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 YES 2 100 shows a 1 YES 2 NO Ree certificate has be PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF BEATH (Check only one) Item OTHER 1 TYES 2 DINO patient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY this c marked, ZBc, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Different 1 YES 2 NO BY After 2 Accident DIRECTOR: At hours after de item 28 is r 3 🔲 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide Item 29a, CERTIFIER ERAL D. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. = MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 7 29b, SIGNAT ID TITLE OF CENTIFIER BE 29d. DATE SIGNED (Month, Day, Year) Atte ng 12 2 30. NAME AND ADITIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Julia Devisión May 1884 DEC 2 1 1992"

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Paul Goray

92 : 1597

BALTIMORE, MARYLAND 21215-0020

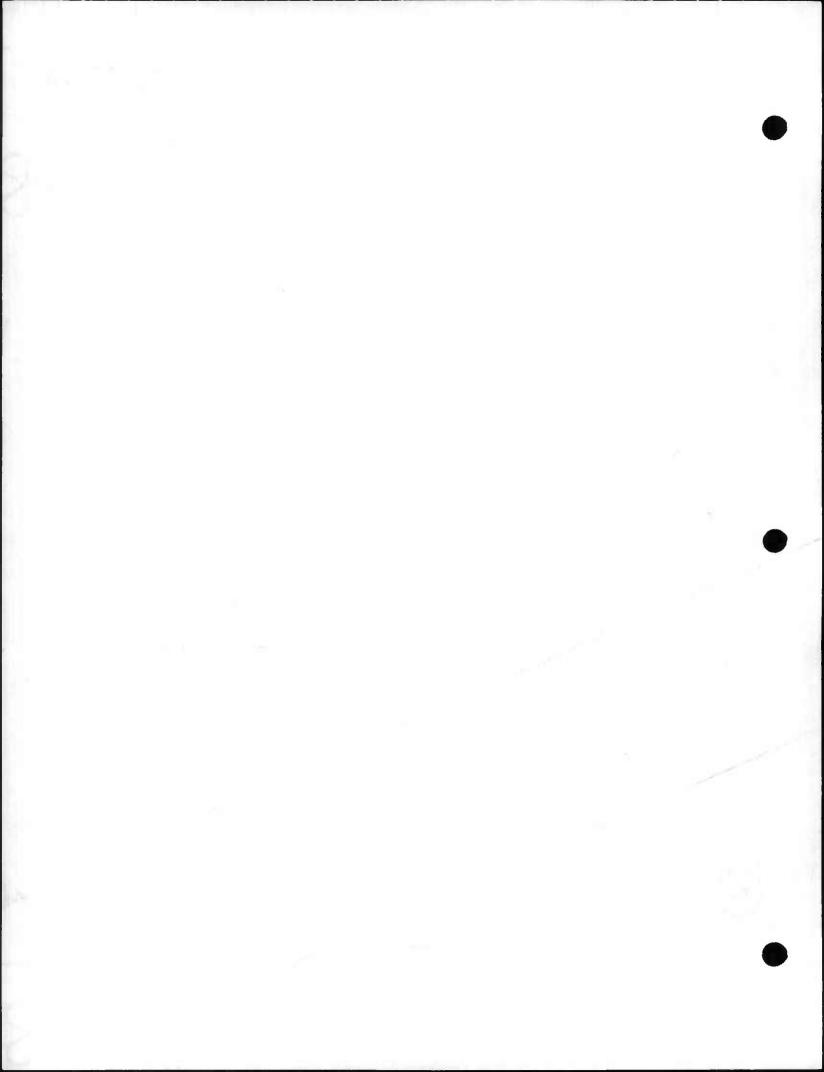
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

HINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAR		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	52 33330		
100	1. DECEDENT'S NAME (First, Middle, Last) (ABRAM		/ICH)	2. DATE OF DEATH MONTH DAY	0 000		
	219-21-2203 11MM20F		JNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 5/25/2	8. BIRTHPLACE (State or Foreign Coupling)		
TOR	Se. FACILITY NAME (If not institution, give street and number) Sinal Hospital RESIDENCE OF DECEDENT	1 120	CITY, TOWN OR LOCATION OF D	EATH /	9c. COUNTY OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 p. res 2 X No		
FUNERAL	10s. STREET AND NUMBER 6988 MARSUE DR.	APT. 2I) 101. ZIP CODE	5	10g. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EV FORCES? 1 FYES, GIVE WAR CO	rES 2 ☑NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 100 Specifi	en, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc. Specify:		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work in. Do NOT use ret. NONE	AL OCCUPATION done during most of working red.)	NONE	NESS/INDUSTRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) MICHAEL GERTSOVICH	_	18. MOTHER'S NA	ME (First, Middle, Melden BO	TVINIC		
TO B	190. INFORMANT'S NAME (Type/Print) MRS FREDA GERTSOVICH		RESS (Street and Number or Rural ARSUE DR., APT				
	20s. METHOD OF DISPOSITION 1 W Burist 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DI cemetery, crematory or other p BALTIMORE	HEBREW 12/17	/92 BALT	ATION — City or Town, Stata TIMORE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cllewall	oinson	22. NAME AND ADDRESS OF FA SOL LEVINSON 6010 REISTERT				
	23. PART I. Enter the diseases, or complications that carshock, or heart feiture. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.			Interval Between Onset and Death		
ATION	disease or condition resulting In death) a. CAVAIAC Arrest AS 65 W. de Sprend DUE TO (OR AS A CONSEQUENCE OF): Metastatic disease from DUE TO (OR AS A CONSEQUENCE OF): A CAVAIAC Arrest AS 65 W. de Sprend DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING Cause. Enter UNDERLYING						
CERTIFICATION	CAUSE (Disease or Injury C.	AS A CONSEQUENCE OF):					
MEDICAL C	PART II. Other significent conditions contributing to dea	th but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN A PERFORM	MAILABLE PRIOR TO COMPLETION OF CAUSE		
	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C/	neck only one)	1 725 2 5 40		
PHYSICIAN	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Integration 2 ER		HER: Nursing Home 5 - Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending 28s. DATE OF INJU (Month, Day, 16	RY 28b. TIME OF INJURY	WORK?	28d. DESCRIBE HOW IN	JURY OCCURED		
B	2 Accident Investigation	URY — At home, farm, street	M 1 YES 2 NO	28t. LOCATION (Street an City or Town, State)	d Number or Rural Route Number,		
	building, etc.			J., J. 15111, 51416,			
	4 Homicide determined building, etc.		-				
	building, etc.						
COMPLETED	4 Homicide determined building, etc. 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my I		my opinion, death occured at the	time, date and place, and			
	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the bests of sxamic	nation and/or investigation, in	my opinion, death occured at the	time, date and place, and	due to the cause(s) and manner as stated.		
BE COMPLETED	29a. CERTIFIER (Check only one) 2 meDiCAL EXAMINER: On the basis of sxamines 29b. SIGNATURE AND TITLE OF CERTIFIER	nation and/or investigation, in	my opinion, death occured at the	time, date and place, and	due to the cause(s) and manner as stated.		

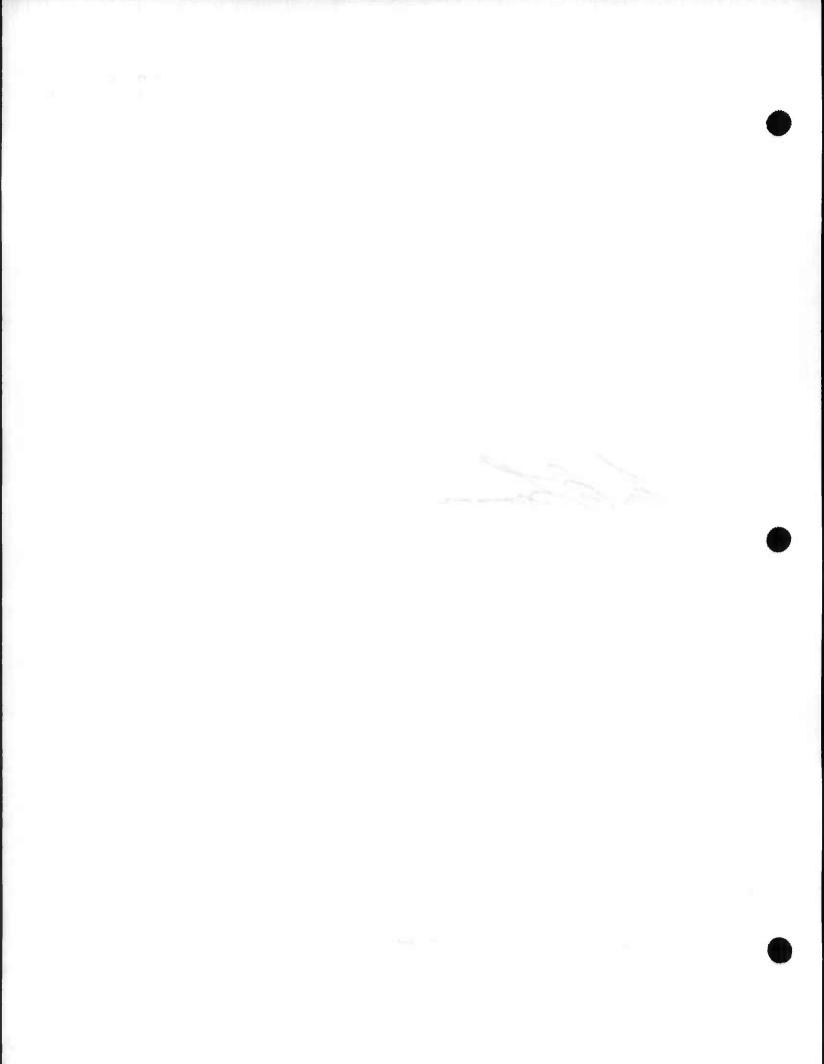


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OD ATTENDING DHYSICIAN: The law requires that the death certificate be executed within
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Institution ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a minimal part of after the death certained by the hospital or attending physician.	Table DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	millin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	ANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MIDSHITAL	THE RUMERAL	De managin 72	IMPORTANT: If

92 35599 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

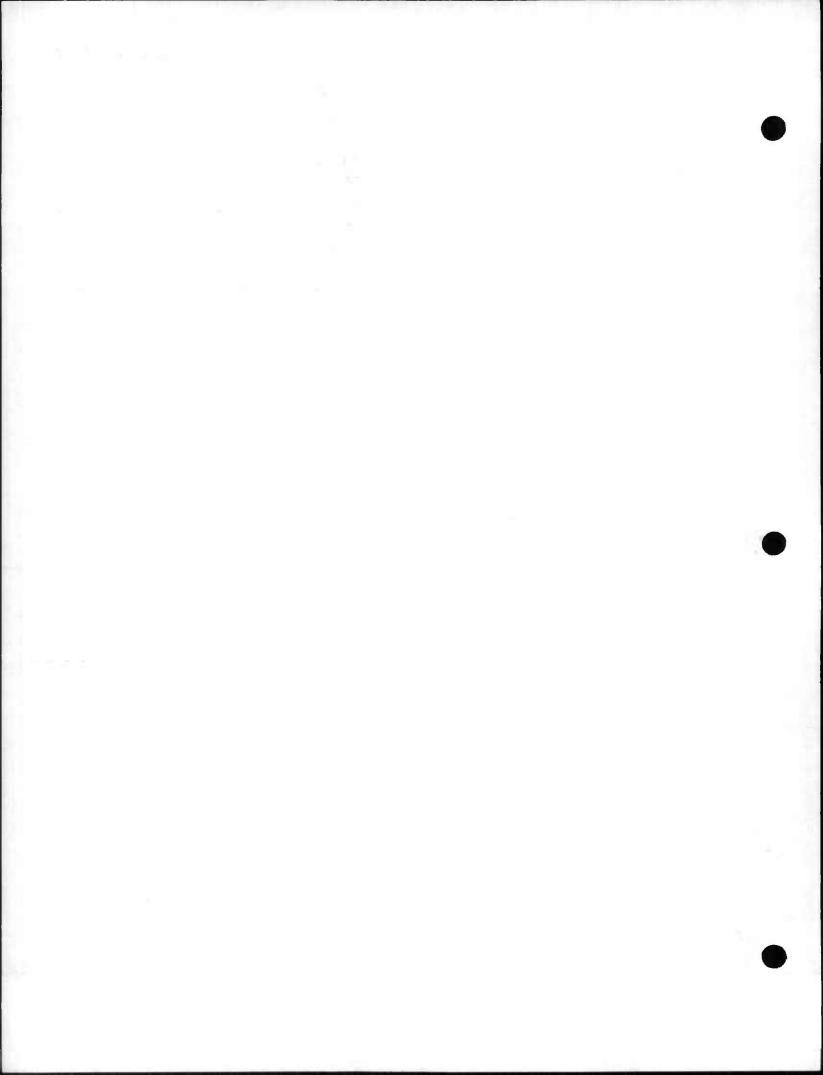
,	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI) / DEPARTM				GIENE 92	2 35599		
,	1. DECEDENT'S NAME (Figst, Middle, Lest)	(MAURICE RAI	PHAEL G	ERSUBER	RG)	2. DATE OF DEA	DAY PL	ar 3. TIME OF DEATH		
	>17->6-6583.	8. AGE (In yrs. lest birthdey) 1. VRS. 8. AGE (In yrs. lest birthdey) 1. VER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 1. VRS. Months Days Hours Min. (Month, Day, Year)								
TOR	90. FACILITY NAME (If not institution, give street Baltopere (ounty RESIDENCE OF DECEDENT		Jusp: Lel	CITY, TOWN O	Rawfall	Rstown	Se. COUNTY	of their		
DIRECTOR	10e. STATE 10b. COUNTY B C	2 timore	10c. CITY, TO	OWN OR LOCATI	wre			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER Towe	Court		101.	ZIP CODE 21244		1 2 2	of what country?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 3 Widowed 4 Divorced				ENDENT DF NISPAN ecity Cuben, Mexicar NO Specify	, Puerto Rican, e		RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondery (0-12) C	ON 18e	- ARMY DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos tired.)	N at of working		OF BUSINESS/INDUST	rry		
P	12		MANAGEM	ENT		REA	L ESTATE			
BE CO	17. FATHER'S NAME (First, Middle, Last) SAMUEL GERSHB	ERG			16. MOTHER'S NAI REBI		Maiden Surname) GRAZUTUS			
TO B	19e. INFORMANT'S NAME (Type/Print)		196. MAILIND AD	DRESS (Street e.	nd Number or Rural F	loute Number, City	or Town, State, Zip Coo	de)		
F	RICHARD L. GERSHBE		11 BI	AKE CT	REI	STERSTO	WN MD 21	136		
	20s. METHDD OF DISPOSITION 1 (A Burlet 2 Cremetton 3 Removal from State ATTZ CHAIM 12/18/92 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) ATTZ CHAIM 12/18/92 20c. LOCATION — City or Town, State									
- 1	21. SIGNATURE OF MERAL SERVICE CENT	4	-		ID ADDRESS OF FAC					
	malle	Same	_		LEVINSON REISTER			. MD 21215		
	23. PART I. Enter the diseases, or com	olications that caused the	a death. Do not	entar tha mo	da of dying, suci	h as cardiac o		, Approximate		
	shock, or heart fellure and IMMEDIATE CAUSE (Final disease or condition	and Star	e Co	nd=0	hyopa	thy	/	Interval Batween Onset and Dasth		
	a. Due to (OR AS & CONSEDUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO		0				/		
S	CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE DE):									
E I	that initiated events resulting in death) LAST	Carlo lon As A Co	de de	le to	Clar	-6		į I		
E	d									
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions o	ontributing to d∲ath but i	not resulting in	tha underlying	g csuse given in	- 1	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28 DI	ACE DE DEATN (Ch	eck only one)				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ		28d. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	t, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Rural Route Number,					
COMPLETED	CONSTRUCTION /	N: To the best of my knowledg						ause(e) and manner se stated.		
B	29b. SIGNATURE AND TITLE OF CERTIFICA	Con			29c. LICENSE NUI	114	29d. DATE S	IDNED/(Month, Dgy, Year)		
5	30. NAME AND ACCRESS OF PERSON WHO C	OMPLETEO CAUSE DE DEATH	(ITEM 27) (Type, Pr	ine)	段.	Dr. S	ON 4 CH	OL CHON		



PECCHDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	rYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d or liam 23 shows any injury or other fraumatic event the medical araminar must be motified at once
- RECORDS,	aw requires that the dea	s been signed by the at	pt. of Health and Ment	3 shows any injury
A OF VILA	3 PHYSICIAN: The I	r this certificate has	th with the State De	
S S S S S S S S S S S S S S S S S S S	AL OF ATTENDING	A BIPHECTOR: After	72 hours after deat	If Item 28 is marke.
-	TO THE THE	TO THE PURITY	be filed within 7	IMPORTANT:

31. DATE FILED (Month, Day, Year)

TIMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC COLON CANCER DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): 1	4. SOCIA 577 9a. FACI		REDNADD I						1				_	
STORY AS A SOCIAL NAME (First Assistance) give sizes and function of the state of function of function of the state of function of function of the state of function of	577 9a. FACI	AL SECURITY NUMBER	DEKNAKD I	LOUIS	GOLDEN	IHORI	N			MONTH	DAY	992	YEAR 3.	P
ST77-34-5673 TK M 2 F 67 YRS. SEP 4 1925 NEW TERREY SECOUNTY OF DECRETY SECOUNTY SECOUNTY SECOUNTY SECOUNTY OF DEATH SECOUNTY OF DEATH SETHESDAY SECOUNTY SECOND SECO	9a. FACI			B. AGE (In yrs.	.,	-							BIRTHPL Country)	ACE (State or Foreign
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15. DECEDENTS EDUCATION 16a. KIND OF BUSINESS/INDUSTRY 16b.		ver Married 2 Married	FORCES? 1	YES 2	NO		If yes, spe	city Cubs	nn, Mexican	n, Puerto Rica	Puerto Rican, etc.) Black, White, etc			hita, etc.
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184. MAILING ADDRESS (Street and Mumber or Plural Pouls Mumber (City or Town, State, Zip Code) 184. NUMLE STREET, ARLINGTON, VA 22221 205. PLACE AND DATE OF DISPOSITION (Name of 1 2 4 2 4 2 2 2 2 2 2 2 2 2 2 2 3 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 3 4		BRAHAM GOLDENH	ORN						ROS	E BIN	DER			
SECURITY SUBSTITUTE STREET ARLINGTON VA 22221	O 1 1981. INFO	1,7,5	19b. MAJLING	ADDRES	S (Street e.	nd Number	r or Rural R	Poute Number,	City or Town	, State, Zip	Code)			
Approximate	GLE	1047 N. OHBE DIRECT, AL												
21. SIGNATURE OF FUNCRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY I VES - Pears on Funeral Homes Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death of the part of the property of the cause. Enter UNDERLYING CAUSE (Pinal disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO	1 Bur								rdei	n –	_20c. LOC	ls (hur o	Sinte Va.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. WETASTATIC COLON CANCER DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO ORDER TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			ENSEE		,					192				
23. PART i. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC COLON CANCER DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	 	£in ()	mare	in		I	ves-	Pea	rsor	n Fun	eral	Hon	nes	
ahock, or heart fellure. List only one cause on each line. Interval Betwee Onset and Decide Sease or condition resulting in death) A DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO 1 YES 2 NO	23. PAF	RT i. Enter the diseases, or co	omplications that	caused the	death. Do r	F not ente	alls rthamo	Ch	urch	o Va	or reaning	046	et	Approximate
disease or condition resulting in death) a. METASTATIC COLON CANCER DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 246. WAS AN AUTOPSY PROPING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO		ahock, or heart failure. List only one cause on each line.						interval Between						
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO	disease	e or condition	STATIC	COLO	N CA	NCER								
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO NO 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO														
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO NO 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	Sequer	Sequentially list conditions,												
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PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO NO 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	CAUSE that ini	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
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1 YES 2 NO OF DEATH?														
1 YES 2 NO										_ 1			CC	MPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	W													
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	ä =													
EXAMINER? HOSPITAL: OTHER:	25. WAS	MINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ack only one)				
1 YES 2 ND 1 Normal Nor	27. MANN	**							esidence (
M 1 YES 2 NO		ministra			INJ	URY	WO	RK?	NO	zou. Dząon	DE NOW IN	JUNI OCC	ONED	
28e. PLACE OF INJURY — At home, ferm, street, fectory, office building str. (Specify)		Suicide 6 Could not be	28e. PLACE OF building, et	INJURY — At	home, lerm, r	street, fec	tory, office			28f. LOCATIO	DN (Street ar	nd Number o	or Aural Rout	Number,
4 Homicide determined				, -,						Ony of I	own, stele)			
	29a. CER (Cher	ck only												
29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(a) and manner as stated.	NO CONTRACTOR			mination and/o	or investigation	n, In my	opinion, de	eath occur	red at the t	time, date and	d place, and	due to the	cause(e) er	d menner ee stated.
(Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.	29b. SIGN	NATURE AND TITLE OF CERTIFIER	7/5	10		M		29c. LICI	ENSE NUM				SIGNED (M	onth Day, Year)
296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER 296. DATE SIGNED (Month) Day, Year)		E AND ADDRESS OF PERSON WHO	COMPLETED CAME	DE DEATH A	FM 27) /2	Print)	/.	דתאוא	ONTAT				(CE) TOU	u 72
296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Morrit) Day, Year) 61191(FL)	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CASSE OF DEATH (ITEM 27) (Mpo. Print) E. J. BALBONA, LT, MC, USNR NATIONAL NAVAL MEDICAL BETHESDA, MD 20889-5600										LK			



urs after death. Page 6 may be retained by the hospital or attending physician.

permit. Pages 1, 2, 3 should

burial-transit

detached for use as the

90 76

funeral director, page 5 should

DIRECTOR

FUNERAL

В

COMPLETED

2

21. SIGNATURE OF FUNERAL SERVICE LICENSES

once.

notified

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must

examiner

traumatic event, the medical

other

10

3 shows any injury,

CERTIFICATION

MEDICAL

PHYSICIAN:

В

BE COMPLETED

2

thet initieted events

EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural

2 Accident 3 Suicide

4 Homicide

31. DATE FILED (Mont EC 21

29e. CE

resulting in deeth) LAST

25. WAS CASE REFERRED TO MEDICAL

5 Pending

6 Could not be

1 -

TAL	AN: The la	milicate has	State De	r Item 2:
DIVISION OF VITAL	PSECIAN	is certific	10 EE C	ed, or
NO ON	ENDING PH	After 19	e files	s marked, or
VISI	OR ATTEN	HECTOR	us after	m 28 ls
<u> </u>	PIR O	D Marie	2	T. II He
(1	· 生	1	ORTAK
	B	D	2	ž

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 10 1.2 MONTH Dorothy 12:27pm M Gary 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 577 07 5506 75 YRS. DAYS HOURS March 21,191 1 M 2 📆 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 18932 Alpenglow Ln Brookv111e Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1121 University Boulevard 20902 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, While, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2X Married Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ehrich Jake Rose Ginsberg 19b. MAILING ADDRESS (Street and Number or Fairal Route Number, City or Town, State, Zin Code) 19e. INFORMANT'S NAME (Type/Print) Joseph Gary University Blvd, #1416 20b. PLACE OF DISPOSITION (Name of cometery, competing or 3/92 20e. METHOD OF DISPOSITION
1 M Burlal 2 Cremalion 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State

Memorial

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. n IMMEDIATE CAUSE (Finel disease or condition DUE TO OR AS A CONSEQUENCE OF resulting in deeth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leeding to immediate cause. Enter UNDERLYING -1 45 T CAUSE (Diseese or Injury

DUE TO (OR AS A CONSEQUENCE OF)

Judea...

Wheaton

Olney, MD

22046

PART	11.	Other	significent	conditions	contributing t	o death but n	ot resulting in	the underlying	cause given in Pa	rt I.
	_									_

4a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
	1 TES 2 NO

Approximate

Interval Between

Onset and Death

Ī			26. PLACE OF DEATH (Ch	eck only one)
	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		THER: Nursing Home 5 Residence	8 Other (Specify)
	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		28d. DEŞCRIBE HOW INJURY OCCURED
)	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, stree	et, factory, office	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

Gardens

Ives-Pearson Funeral Homes

22. NAME AND ADDRESS OF FACILITY

Falls Church, VA

HTIFIER eck only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee stated.
)	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause

TURE AND TITLE OF CERTIFIER TO, SLUTE MP	29c. LICENSE NUMBER D - 21910	29d. DATE SIGNED (Month, Day, Year)

100		, - ,		and the same of th
. NAME AND A	DDRESSOF	PERSON WHO	COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type, Print)
Poto1	~ B	She	rer mo	3947

N	WHO	COMPLET	ED CAUSE OF	DEATH (ITEM 27) (Type, Print)		
1	he	rer	mo	3947	ferrara	Dr

n, Day, Year) 992	Julia	Day doon Tungan

The law requires that the death certificate be execut to has been signed by the attending physician and its Dept. of Health and Mental Hygiene prior to burient 23 shows any Injury, or other traumatic	TO THE HOSPITAL OR ATTENDING PHYSICIAN: AD THE FUNERAL DIRECTOR: After this certifica- the filed within 72 hours after death with the St. IMPORTANT: If Nem 28 is marked, or In	$^{\circ}$	arthis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Daot, of Health and Mental Hydiene prior to burial, cremation, or removal.	or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF I	/ MARYLAND Ci	DEPAF ERTIF					MENTAL	HYGIEN REG. NO	E	<i>J</i>	33002
	1. DECEDENT'S NAME (First, Middle, Last)	Andrew	ī :	Holt]	naus				2. DATE (MONTH 12			YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 18 3699	5. SEX 1 ∰ M 2 ☐ F	6. AGE (In yrs. Inc	YRS.	IF UNDER	DAYS	HOURS	R 24 HRS. MIN.	01/	F BIRTN Day, Year) 22/19	25	6. BIRTNPL Country) Mary	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give st Harbor Hospi RESIDENCE OF DECEDENT		ter		9b. CITY		timo	re		ty		NTY OF DEAT	
FUNERAL DIRECTOR	Maryland Ann	e Arunde	<u>1</u>	100	y, town alti		TION						d, INSIDE CITY LIMITS? YES 2 X NO
NERAL	598 D Trillo Av							225			Ţ	U.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 A Married 3 Divorced	FORCES? IF YES, GIVE Y World I	WAR OR DATES			li yes, sp	ecify Cub		n, Puerto fi	? (Specify Yea Ican, etc.)	or No—	14. RACE — Black, V Specify:	American Indien, Thita, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (9-12) 7th Grade	CATION	16a, DE (G //de +)	CEDENT'S Ive kind of a Do NOT a	work done se retired.)	CCUPATI during mo	ON ost of work	ing		KIND OF BU			
	17. FATHER'S NAME (First, Middle, Last)			HECK	C.L		18. MO1	TNER'S NA		liddle, Maiden			
TO BE	190. INFORMANT'S NAME (Type/Print) Antoinette Holt	haus		b. MAILING						er, City or Tow timore			d 21225
	20a. METHOD OF DISPOSITION 1 Straightful 2 Cremation 3 Rame 4 Donation 6 Other (Specify)		20b. PLACE of cemeter LOUG		ark (ceme	tery		12/1			ore, N	, store Naryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Tamu	wich	1	G	eorg	ge J.		ice F			e P.A	
	23. PÁRT I. Enter the disease, or c ehock, or heart fellure.												Approximete Interval Between Onset and Death
	disease or condition a. Due to (or as a consequence of):												
SATION	Sequentielly list conditions, It any, leading to immediate cause. Enter UNDERLYING b. Hybertentive Attends Iclaudic Cardio Crascular disease												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE (OF):								
PHYSICIAN: MEDICAL C	PART II. Other algolificent condition	s contributing to	death but not	reaulting	in the u	nderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFO	RMED?	C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: \			ОТНЕ		LACE OF	DEATN (Ch	neck only on	•)			
	1 YES 2 TO NO 27. MANNER OF DEATN 1 Natural 5 Pending inventication	25e. DATE O	ER/Outpatient F INJURY Day, Year)	26b. Ti		28c. IN	JURY AT ORK?	Reeldence	8 Othe	(Specify)	INJURY OC	CCUREO	7 0
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fac	atory, offi	CO CO			ATION (Street or Town, State		or or Rural Rou	ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PNYSI												nd manner ee stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	~		_^	11)		29c, LI	CENSE NU	MBER 74	3	29d. DA	TE SIGNED (A	forth, Day, Year) 8792

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SECVIVASAV, 606 Hamme

31. DATE FILED (Month, Dey, Year)

DEC 2 1 1992 Julis Deviden Andelse

12. REGISTRAR'S SIGNATURE

DEC 2 1 1992 Julis Deviden Andelse

13. December 1992 Julis Deviden Andelse

14. December 1992 Julis Deviden Andelse

14. December 1992 Julis Deviden Andelse

15. December 1992 Julis Deviden Andelse

16. December 1992 Julis Deviden Andelse

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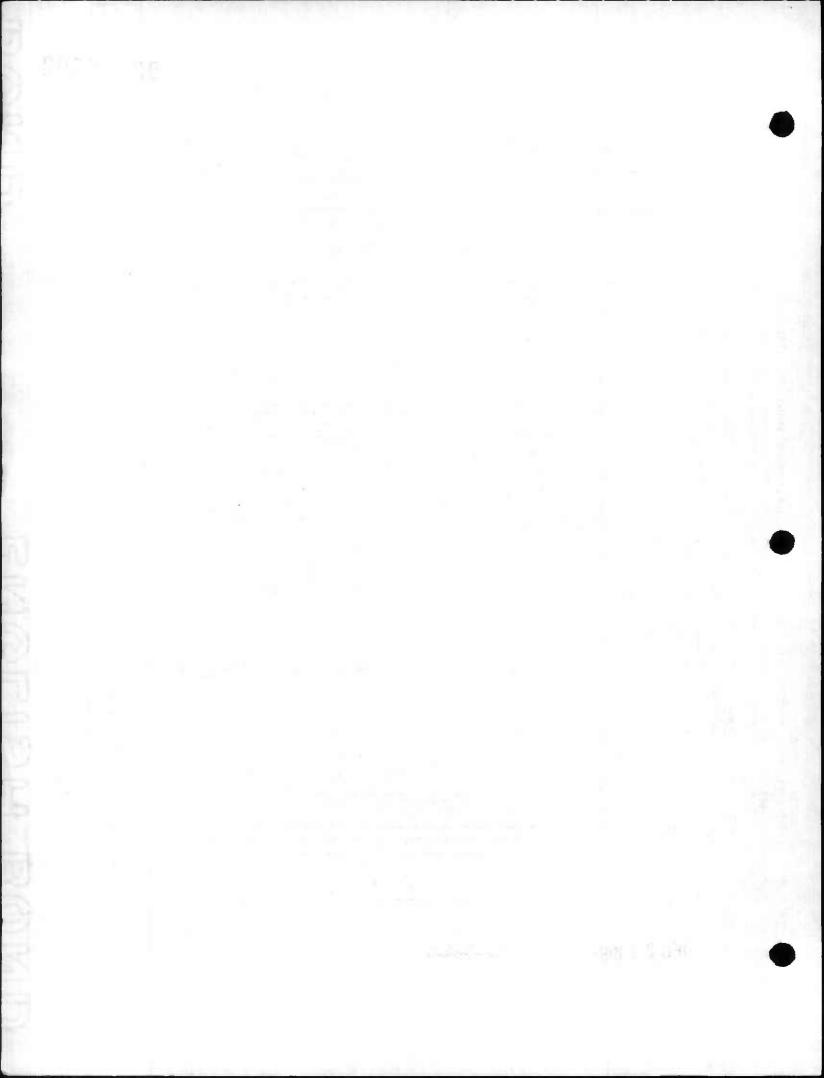
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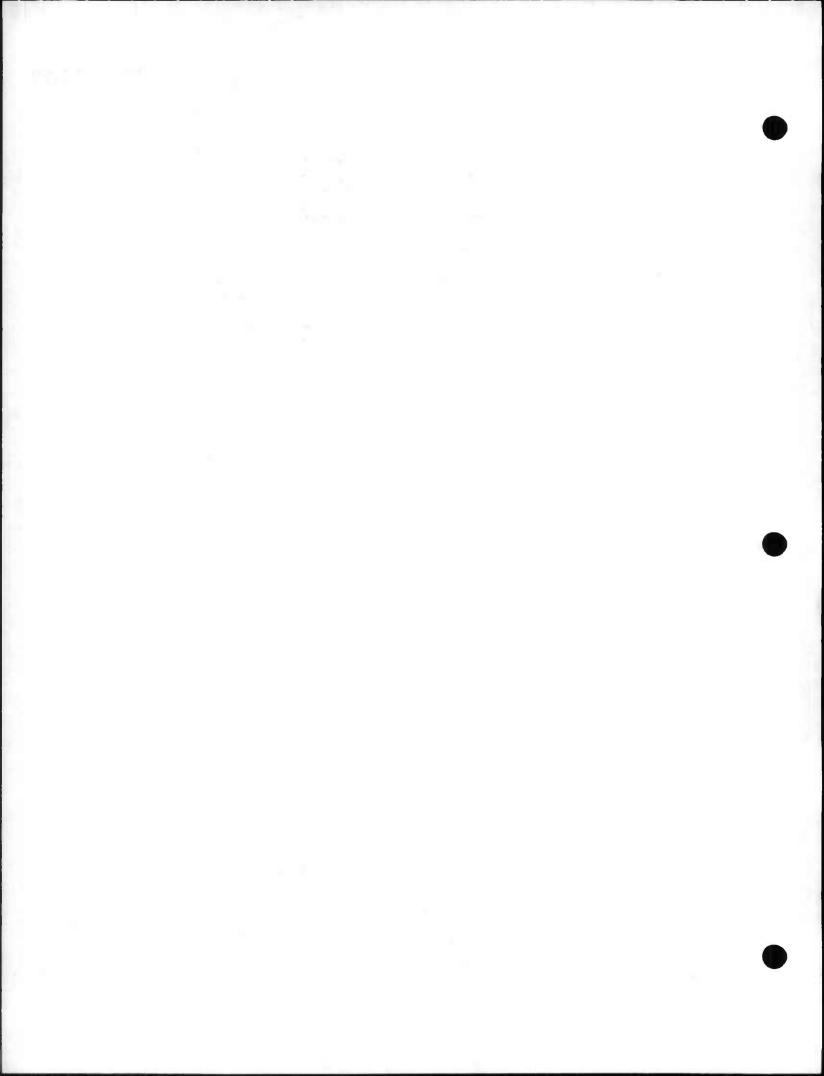


		Pages 1, 2, 3 should
020	physician.	burial-transit permit.
MORE, MARYLAND 21215-0020	ige 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
MARYL	retained by	5 should be
MORE,	вде 6 тау be	director, page

VINION OF VITAL RECORDS, P.O. BOX 68760,

	attending	se as th		
1	nospital or	ched for u		
	by the hi	d be detac		
	TO THE MACE ALL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
	6 may b	octor, pag		
	ath. Page	meral din		
	s after de	by the fu	·emoval.	
	n 24 hour	h filled in	ation, or	
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	certificate	oding phys	Hygiene p	
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	CIAN: The	ertificate !	the State	
	NG PHYSI	fter this c	eath with	
	ATTEND	ECTOR: A	rs after de	
•	HAT OR	ERAL DIR	in 72 hour	
-	星里	THE FUN	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	2	2	å	

	1	FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTM	ENT OF H	EALTH AND I	MENTAL	HYGIEN REG. NO.	E	2 35603	
			Annie	Har	dy			2. DATE (OF DEATH	1992	3. TIME OF DEATH	
		220-20-6651	1 🗆 M 2 🗔 F	in yrs. lest 63	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HMS. HOURS MIN.	12-	Day, Year) 17-1929		BIRTHPLACE (State or Foreign Country) N.C.	
TOR		90. FACILITY NAME (# not institution, give street 4626 Rokeby Road RESIDENCE OF DECEDENT	et end number)		96.	Baltin	Ore	EATH		9c. COUNTY	OF DEATH	
DIRECTOR		10e. STATE 10b. COUNTY			Baltin	WN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL		10e. STREET AND NUMBER 4626 Rokeby	Road			1	21229			10g. CITIZEN	OF WHAT COUNTRY?	
B		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO			ENDENT OF HISPAI Icity Cubers, Mexica 2 NO Specif	en, Puerto A		or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED		15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 12th	TION ompleted) College (1-4 or 5+)	(Giv		AL OCCUPATIO done during mos led.)		16h.	KIND OF BUS	SINESS/INDUST	RY	
ed at once. BE COM		17. FATHER'S NAME (First, Middle, Last) John W. Taylor					18. MOTNER'S NA Emma Als		liddle, Meiden	Sumame)		
TO B		Shirley M. Taylor		19b.			Road Ba				de)	
r must b		29e, METHOD OF DISPOSITION T\(\hat{A}\) Buriel 2 \(\hat{Cremation} \) 3 \(\hat{Remov.}\) 4 \(\hat{Donation} \) 5 \(\hat{Other}\) (Specify)				sposition (Na Nece) 1a1 Pan	k			cation—cny allstowr	or Town, State	
examine		21. SIGNATURE OF FUNERAL SERVICE LICEN	Jana)				March F/H 300 Wabash		ue			
injury, or other traumatic event, the medical examiner must be notified at once. AL CERTIFICATION TO BE COM		23. PART I. Enter the diseases, or constock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Multi	PLE	n	VELO		th as card	lac or respi	ratory arrest	Approximate Interval Between Onset and Death	
aumatic eve		Sequentially list conditions, if any, leading to immediate cause. Enter LINDERLYING										
ry, or other traumatic CERTIFICATION		CAUSE. (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
shows any injury : MEDICAL C	PERFORMED? 1 YES 2 NO NO COMPLETION OF CAUSE OF DEATH?										COMPLETION OF CAUSE	
23 s		25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)			
PHYSICI		1 TES 2 NO	HOSPITAL:	atient 3	DOA 4	-	5 Residence	6 🗌 Other	(Specify)			
		27. MANNER OF DEATH 1 Return 5 Pending	(Month, Day, Year)		28b. TIME OF INJURY	WO	JRY AT RK? ES 2 NO	28d. DEŞ	CRIBE NOW II	JURY OCCUR	ED	
0 2		2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At hom	ne, ferm, etree	t, factory, office			TION (Street e r Town, State)	nd Number or F	Tural Route Number,	
IMPORTANT: If Item 28 O BE COMPLETE	1		N: To the best of my knowle On the basis of examination								use(a) and manner se stated.	
O BE C	1	DE SHINATUHE AND TITLE OF CERTIFIER	Slas	Yh.	2		DIAY)	MPER		29d. DATE SH	GNED (Morith, Day, Year)	
2		DIANA H. OR	.\. \///	900	/1	1	JE.	B	ALT	Mr	21209	
		DEC 2 1 1992	22. BEGINTAR'S SIGNA	TURE TYLLES								



31. DATE FILED (Month, Day, Year)
DEC 2 1 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Tabbara

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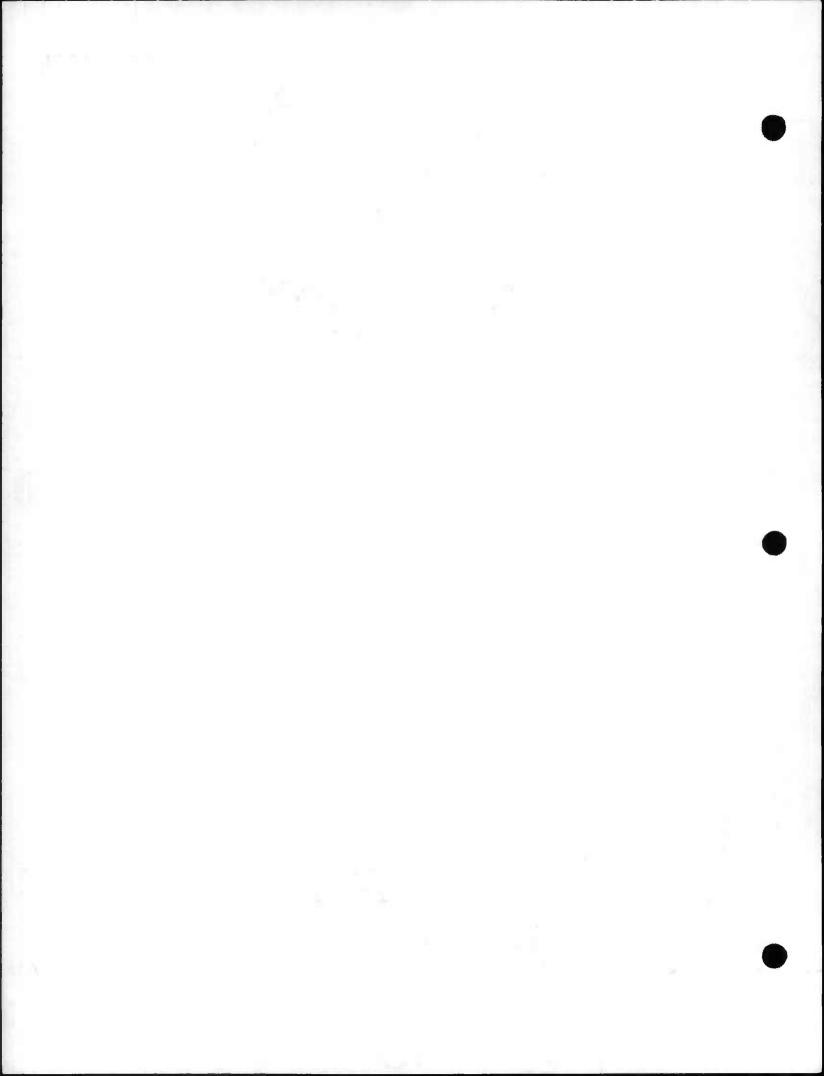
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	FAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2		
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N: The	ficate !	State	Hem
YSICIA	s certi	th the	1d, or
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	fter thi	eath wi	: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TENDI	DR: A	Ther de	80
OR AT	DIRECT	Sunor	Tem 1
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Harri 7 30 16 Un 9 12 92 E OF B. 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 246-12-9815 9 3 1 - M 2 - E 12 98 NIC. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Good Samaritan Hospital Baltimore 10b. COUNTY Baltimore 10a. STATE 10d, INSIDE CITY MD 1 XYES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21212 5626 Midwood Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Black 3 🛛 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 7th Unemployed 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Green Rosa Wortham BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1534 Ralworth Road Baltimore, MD 21218 Claude Harris, Jr. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State correctory of the Pier Cemetery 12/22 Baltimore MD 22. NAME AND ADDRESS OF FACILITY WM. C. March F/H, West 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Gladia wan 4300 Wabash Ave., Balto., MD 21215 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition Se psi 5 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HØSPITAL: OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, offics building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be BE COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one) 2 T MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Qay. 29c LICENSE NUMBER 1086 a 12 92

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N OF VITAL RECORDS, P.O.	G PHYSICIAN.
DIVISION	OR ATTENDING
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	REGISTRAR				CENTIL	ICATE	UF	DEAL	п	REG. NO.			
	1. DECEDENT'S NAME (First,								1	2. DATE OF DEATH	W	YEAR	3. TIME OF DEATH
			L. HOUG							12 20	92		8:25 a
	4. SOCIAL SECURITY NUMB		5. SEX		s. last birthday)	MONTHS I	EAR AYB	HOURS 2	24 HRS. 7	Month, Day, Year)		B. BIRTH Count	IPLACE (State or Foreign
	434-36-58		1 🗆 M 2 💢 F	77	7 YRS.				-216	08 11	15	MA	RYLAND
-	9e. FACILITY NAME (If not inc					9b. CITY, T					9c. COUNTY OF DEATH		
2	305 BROAD		AVENUE				LE	N BU	JRNI	E	ANNE ARUNDEL		
DIRECTOR	10e. STATE	10b. COUNT	ry		10c, CF	TY, TOWN OR	LOCATE	ON					10d. INSIDE CITY
E	MARYLAND	7\ N	NE ARUN	TEI					RNIE				LIMITS?
	10e. STREET AND NUMBER	TAL	IND ARON	ענעע			_	ZIP CODE			10- 017	TEN OF 1	1 TYES 2 NO
FUNERAL	305 BROAD	77 V 7	WENTE.				101.		061		Tog. Cit		
¥	11. MARITAL STATUS	MAL P	12. WAS DECEDEN	T EVED IN II C	ADMED	49 98	0505					U.S	
	1 Never Married 2		FORCES? 1	YES 2	XNO	If y	es, spec	city_Cuban,	, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	Black	E — American Indian, k, White, atc.
B	Widowed 4 Divor	ced	IF YES, GIVE W	HA ON DATES		11	YES :	2 📉 NO	Specify:			Spec	WHITE
B	15. DECE (Specify only	DENT'S EDU	JCATION	16a	DECEDENT'S					16b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLET	Elementary/Secondary (0-	-	College (1-4 or 5 -	-)	life. Do NOT L	work done dur se retired.)	ng most	t or wonang	7				
MP	12		0		HOUS	EWIFE				HO	MEMA	KER	
00	17. FATHER'S NAME (First, Mic									(First, Middle, Maiden	,		
BE	HARRY		<u> </u>					L	ENOF	RA ARNO	LD		
10	19e. INFORMANT'S NAME (Ty									ite Number, City or Town			
-	ARNOLD E.	17			305	BROA	DWA	YY A	VENU	JE-GLEN	BURN	VIE,	MD. 21061
	20a. METHOD OF DISPOSITE 1 Burlel 2 Cremating	3 □ Rem	noval from State	20b. PLA	CE AND DATE	OF DISPOSITE	ON (Nerr	ne of		DATE 20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Charles	Specify)	1	ME	ETRO "					2/21 CAT	ONS	/ILL	E,MD.
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSER	melm	nens				S OF FACIL		ז א כום	TIO	ME OLOGI
	· /~	ry	, 01.0	0	-	42	6 0	RAI	N HW	Y.S.W.G	LEN	BUR	ME 21061 NIE.MD.
	23. PART I. Enter the dis	onson g	complications the	caused the	death. Do								Approximate
	shock, or he IMMEDIATE CAUSE (Fine	ert failure.	List only one cau	se on each	lina.	rit .							Interval Between Onset and Death
	disease or condition resulting in death)	→	Car	(OR AS A CON	ma "	7 8	u.	ne					
	resulting in death)		DUE TO	(OR AS A CON	NSEDUENCE O	5)		1					
Z	Commentally that are duty		a Ple	ural	1 8	thus	w	n					
CERTIFICATION	Sequentially list condition if any, leading to immed	late	DUE TO	OR AS A CON	SEDUENCE	N)							
<u> </u>	cause. Enter UNDERLYIN CAUSE (Disease or Injur		c										
E	that initiated events resulting in deeth) LAST		DOE 10	(OR AS A CON	ISEDUENCE O	F):							
岁			d										
1 1	PART II. Other significer	t condition	na contributing to	deeth but no	ot resulting	in the unde	rlying	ceuse gh	ven in Pa			24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFOR		? AMAILABLE PRIOR TO	
										- 10 163 2	A NO		OF DEATH?
2										-			N/A
Ā	25. WAS CASE REFERRED TO	MEDICAL					26. PLA	CE OF DEA	ATH (Check	only one)			N/A
Sic	EXAMINER?		HOSPITAL:	ER/Outpation	R 3 DOA	OTHER:				Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, Di	INJURY	28b. TIN	E OF 28	c. INJUI	RY AT		Bd. DESCRIBE HOW IN	JURY OC	CURED	
ВУ Р	1 Natural 5 P	ending restigation	(Moran, Da	ry, rour)	IN.	M	WOR	K7	NO				
	a Contain	ould not be	28e. PLACE OF	F INJURY — At	t home, ferm,	street, factory	office		24	M. LOCATION (Street e	nd Number	or Rural R	loute Number,
COMPLETED	4 Homicide d	benimete	- Canonig,	arc. (opecity)						City or Town, State)			
7	29a. CERTIFIER (Check only	FYING PHYS	ICIAN: To the best of	my knowledge	, death occurr	ed at the time	date e	nd place, a	and due to	the cause(e) and man	net en stel	ted.	
N O) end manner es stated.
	29b. SIGNATURE AND TITLE								ISE NUMBE				
B	Om. L	La	mu.					7 4	05/	9.			(Month, Day, Year)
임	30. NAME AND ADDRESS DF	PERSON WH	O COMPLETED CAUS	E OF DEATH	ITEM 27) (Type	, Print)				* /	, T	4/4	-/ 34.
	MIRZA NUS						ח-	רד ביאו	ייזק ד	ONTE ME	2.1	067	
	31 DATE EILED (Month, Day, Y	ear)	32. REGISTRA	R'S SIGNATUR	E	T KOY	m-1	التدن	וטם י	MILE, MD.	<u>Z</u> 1	OOT	
	DEC 2 1 199	12 3	32. BEGISTRA	n-Hands	E.								

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DIVISION OF VITAL RECORDS	THE HINGING OR ATTENDING PHYSICIAN: The law requires that the	The Time Parie A. DIRECTOR: After this certificate has been signed by the	DOU	ter
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMEN	T OF	HEALTH AND	MEN1	TAL HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last)	77.3.1							ATE OF DEATH	AY	VEAD	3. TIME OF DEATH	
	TRED	AN HUDSO							13		92	0127	М
	4. SOCIAL SECURITY NUMBER 214-42-9410	1 XM 2 🗆 F	6. AGE (In yrs. les	yrs.	IF UND MONTHS	DAYS	HOUNA MIN	(M	TE OF BIRTH Conth, Day, Mar) 05-24-42		Countr	PLACE (State or Foreign y) Ware	
-	9a. FACILITY NAME (If not institution, give				9b. CI	TY, TOWN	OR LOCATION OF	DEATH		9c. COUNT			_
10,	PENINSULA REGION	AL MEDICAI	CENTER	3		SA	LISBURY			WIC	OMI	CO	
DIRECTOR	100. STATE 106. COUNT Delaware Sus	y sex		1		ford	TION					10d. INSIDE CITY LIMITS? 1 YES 2 XXVO	_
FUNERAL	100. STREET AND NUMBER R.D. 3 BOX 197					10	19945			10g. CITIZE	N OF W	HAT COUNTRY?	_
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 1	NO NO	13	If yee, ap	CENDENT OF HISE Decify Cuben, Mex 3 2 X NO Spe	Ican, Puer	GIN? (Specify Yes to Ricen, etc.)	s or No-	RACE Black	— American Indian, , White, etc.	_
	15. DECEDENT'S EDI	(peaceti		CEDENT'S	HELIAL	OCCUPATION OF	041					WHITE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G.	ive kind of v Do NOT us tcher	vork done e retired.	during me	ost of working		poult	try in		try	
BE CON	17. FATHER'S NAME (First, Middle, Last) Fred F. Hudson						та мотнея з Tina I	NAME (Firs	se Vince	Sumame)			_
0	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	SS (Street	and Number or Rur	al Floute No	umber, City or Tow	n, State, Zip C	ode)		_
F	Tina Louise Huds			97, Fran	ıkfor	d, Dela	aware	199	945				
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Ran 4 Donation 5 Other (1994)	noval from State	20b. PLACE A cemetery, cred M1115					1		CATION - CH	-	wn, state Delaware	
	21. SIGNATURE OF FUNERAL SHIVICE LI	CENSEE //aZ	teon	38010	W.	NAME A	no address of Tunera Coro, De	FACILITY 11 Ho	me, Inc	2.	J, 1	Delawale	
	23. PART I. Enter the diseases, or	complications that	cauaed the de	ath. Do n	ot ente	r the mo	de of dying, a	uch aa ci	ardiac or reapi	iratory arrea	t,	Approximate	_
	IMMEDIATE CAUSE (Final disease or condition CEVEDE OUR DAYLO OR CEDED TO THE DAYLO OR CE										Onset and Dea		
	esulting in death) SEVERE CHRONIC OBSTRUCTIVE PULMONAXRY DISEASE OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
TEI	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										-		
CER		d											_
AL	PART II. Other significant condition	a contributing to d	eath but not re	esulting i	n the u	nderiyin	g cauae given i	in Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDING AVAILABLE PRIOR TO	is
MEDICAL	MORBID OBESITY DIABETES MELLIT	T TOTT PIL	т						1 TYES 2			COMPLETION OF CAUSE OF DEATH?	
	DIMBILIO HEBELL	OD TITE I	<u>. </u>									1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (Check only	one)				_
, SI	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	K DOA	OTHE 4 Nu		e 5 🗆 Ræeldenc	a 🗆 Ot	her (Specify)				
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. TIME INJU	OF	28c. INJ WO		_	EŞCRIBE HOW II	NJURY OCCUP	RED		
8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, el	INJURY — At hor c. (Specify)	ne, ferm, a	treel, fac	tory, office		2af. LC	OCATION (Street e ity or Town, State)	and Number or	Rural Ro	oute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of m	y knowledge, des mination end/or in	nth occurre	d at the	lime, date	end place, end do	ue to the c	cause(e) and men	ner se stated, d due to the c	ause(e)	and manner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE N					Month, Day, Yeer)	_
TO BE	John 53	wheley		PUTY				3599				-92	
- U	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF OFATH ATEN	1 27) /Tena	Chilana I								-

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

108 PINE BLUFF ROAD, SALISBURY, MARYLAND, 21801

JOHN

Τ.

BULKELEY,

1992

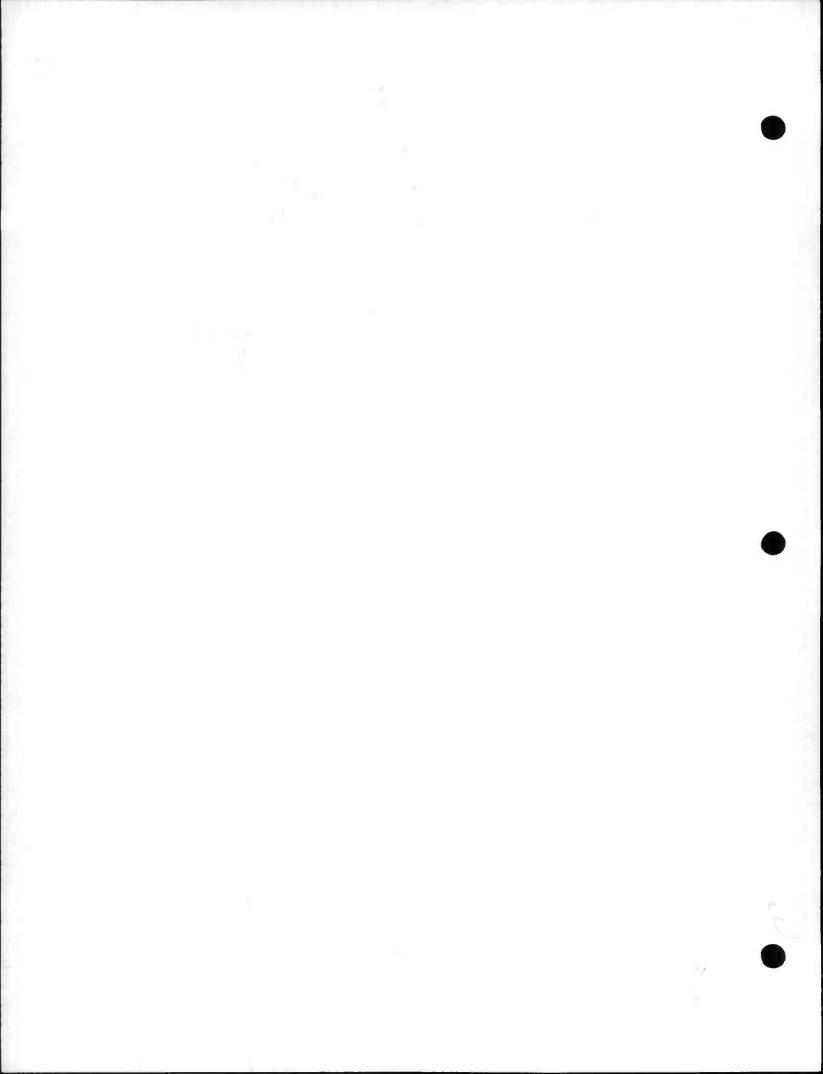
M.L.JR. FOR

STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCIPHE

	1 - STATE REGISTRAR	OIAIL OI I	CER		ICATE OF	DEATH	MENIA	REG. NO.			
- 9	1. DECEDENT'S NAME (First Middle, Last)						2. DATE	E OF DEATH	v	YEAR	3. TIME OF DEATH
	(PERRY)			JA	CKSON		1		14	92	8:36 PM
	4. SOCIAL SECURITY NUMBER 213-10-9073	5. SEX	6. AGE (In yrs. last bir		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
i	Se. FACILITY NAME (If not institution, give	1 M 2 F	87	YRS.				20-190			Md
œ		.,				OR LOCATION OF DE	HTA		9c. COU	NTY OF O	EATH
05	2821 WOODLAND	AVENUE			BALT	IMORE					
DIRECTOR	10a. STATE 10b. COUNT	Υ			Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Md 10s. STREET AND NUMBER			Bal	timore						1 X YES 2 NO
RA	2821 Woodland				10	I. ZIP CODE			(3)×1		VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED)	13. WAS DE	21215 ENDENT OF HISPAN	ALC OBIGI	M2 (Specify Vec		J S I	— American Indian.
B≼	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO		If yes, sp	ecity Cuben, Maxica 2 NO Specify	n, Puerto		or No—		k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)			USUAL OCCUPATI		16	b. KIND OF BUS	INESS/INC	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	Him Do	NOT u	Cook	•					
N N	17. FATHER'S NAME (First, Middle, Lest)			_		18. MOTHER'S NA	100 000				
	David Jackson					Arnett			Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	AOORESS (Street	and Number or Rural I			n, State, Zip	Code)	
임	Rita N. Parawa	у	2	82:	l Woodla	nd Avenu	e B	altimo	re, M	Md 2:	1215
	28a. METHOD OF DISPOSITION 1 V Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE AND cemetery, cremate	DATE O	OF DISPOSITION (N		12/1	TE 20c. LO	CATION -	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	10	-01-5	22. NAME A	ND ADDRESS OF FA	CILITY		O COLL	2 1 1	ie, Mu
	Duty 9.	· Way	/) -		4300	ch F/H Wo Wabash	Aven	ue			
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that List only one ceu	t ceuised the death use on each ilne.	. Do i	not enter the me	de of dying, suc	h as car	rdiac or respi	ratory an	rest,	Approximata interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition										Onset and Death
	resulting in death)	e. Arteri	OSCLETOT	sclerotic Cardiovascular as a consequence of):							-
z		h									į
원	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	NCE O	F):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSEQUE	NOT O	n.						
	that initiated events resulting in death) LAST		(ON AS A CONSECUE	NCE U	r):						İ
		d									
DICAL	PART ii. Other aignificant condition	ns contributing to	death but not resu	ilting	in the underlyin	g cause given in	Part i.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă								1 - YES 2	NO.		OF DEATH?
Σ								INQUI	RY		1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (Ch	ack nak a	una)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA	OTHER:	/ In the second	171				
Ŧ	27. MANNER OF DEATH	28a. DATE OF	INJURY 20	Bb. TIM	E OF 28c. IN.	URY AT		SCRIBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ely, rear)	IIV.		PRK? YES 2 NO					
- 11	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE O building,	F INJURY — At home, atc. (Specify)	ferm,	street, factory, offic	•		CATION (Street a or Town, State)	nd Number	or Rural F	Route Number,
	M. CONTINUE										
COMPLETED	(Check only		my knowledge, death xamination and/or inve) and manner as stated.
w I	25% SIGNATURE AND TITLE OF CERTIFIE	W MC		_		29c. LICENSE NUM	/BER		29d. DAT	E SIGNEO	(Month, Day, Year)
10 B	With .	Book	1 M			O.C	. M . I	Ε.	1	2/15	5/92
-	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL		di natolo	101010						
	31. DATE FILED (Month, Day, Year)	1 agent of	N 111 P	en	n Stre	et, Bal	timo	ore, M	lary	land	21201
	DEC 18 1992	Julia Di	widson-Rand	12	4						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-maner to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020



BALTIMORE, MARYLAND 21215-0020

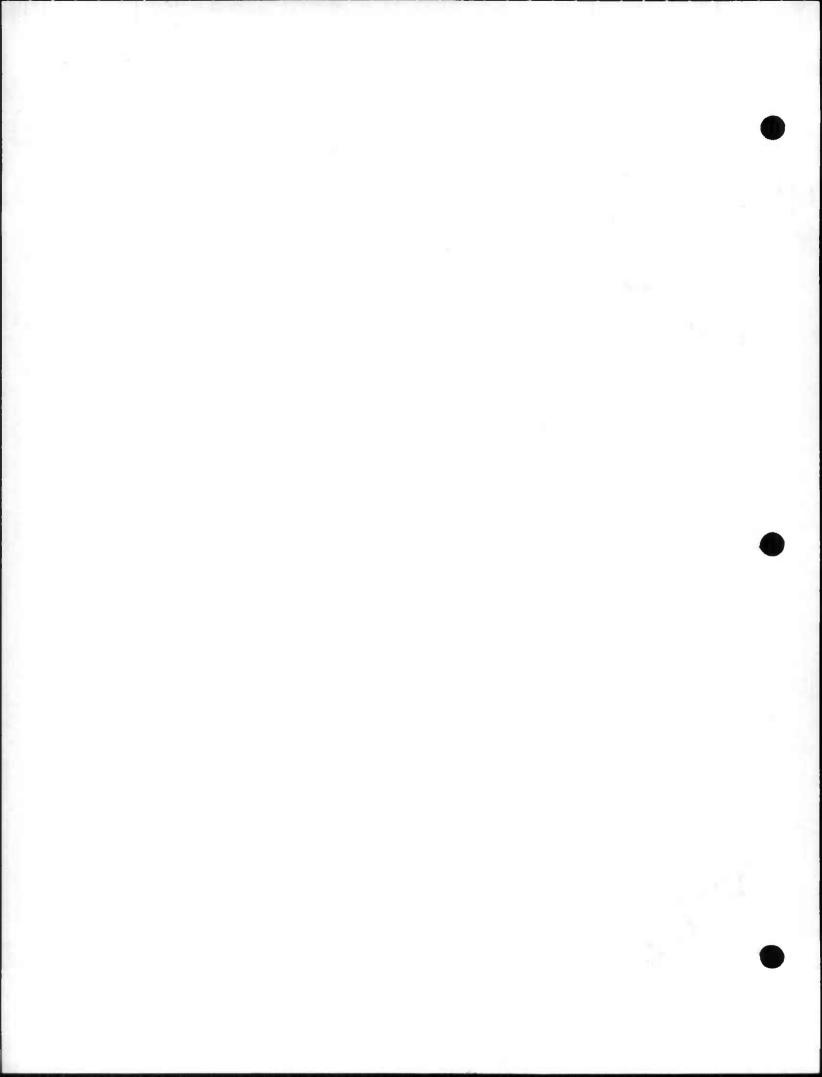
A OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

In the profession of the state has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.
DENT'S NAME (First, Middle, Last)		2 DATE OF DEATH

	1 - STATE STATE REGISTRAR	OF MARY		DEPAR					MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH	N
	MINNIE			т.	OHNS	ON			MONT			YEAR	8:57	DW
33	4. SOCIAL SECURITY NUMBER 5. SEX	6. AG	E (In yrs. la	st birthday)	IF UNDER 1	YEAR	IF UNDER		7. DATE	OF BIRTH		a. BIRTH	PLACE (State or For	_
	418-38-3423 1 M 2	1 M 2 KF 60				DAYS				02/22/1931			Alabama	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH													
ñ	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION						10d, INSIDE CITY	
5	MD.				BALTIMORE								1 YES 2 NO	
¥	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN			HAT COUNTRY?	-		
ER	4112 Glenhunt Road					21229						USA		
BY FUNERAL	1 Never Married 2 7 Married FORCE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			86	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Cuben, Mexican, Puerto Rican, e 1 VES 2 NO Specify:								n,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(0	ECEDENT'S Give kind of u	vork done du			g	16	b. KIND OF BUS	INESS/IND		Didon	
2	Elementary/Secondary (0-12) College (1-4 or 5+)			mema	ke	r							
M	17. FATHER'S NAME (First, Middle, Last)			110	mema	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IED'S NA	ME (Elect	Mirirlla Mairian	Company)			_
	George Mitchell						000 0000	iner's name (First, Middle, Meiden Surneme) Florence Jackson						
BE (Pa. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRES					S (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	Alexander Johnson	n		4112	Gle	nhı	ınt	Roa	d.	Balto	. MD	. 2	1229	
	20e. METHOD OF DISPOSITION M. Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)				OF DISPOSIT	ION (Na	me of	NATE 20c. LOCATION — City or Town, State Balto, Co, MD.					wn, State	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. N	AME AN	D ADDRES							
	JOSEPH L. RUSS FUNERAL HOME 2222 W. North Ave. BAlto, MD. 21216										.6			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Electro mechanical Dissectation											tween		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Electo mechanical Dissociation OUE TO (OR AS A CONSEQUENCE OF): Hemoring: Fibringian Pericardition associated with DUE TO (OR AS A CONSEQUENCE OF): Hemoring: Fibringian Pericardition OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in							Part i.	PERFORMED? AND COM OF I			WERE AUTOPSY FIN MALABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N	TO AUSE	
ä l	25. WAS CASE REFERRED TO MEDICAL													
ᅙ	EXAMINER? HOSPIT				OTHER:		ACE OF DE	EATH (Ch	eck only o	ine)				
Σ×		1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 0												
BY PH						28c. INJURY AT WORK? 1 YES 2 NO			28d. OEŞCRIBE NOW INJURY OCCURED					
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												ated.
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c							29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
8	Dennie A Chutemo						O.C.M.E.				12/18/1992			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								21201					
	31. DATE FILED (Month, Day, Year) 32. R	EGISTRAR'S S	CANADAS	٤	~ = = (, ,,,,,	لد تا شده		C, Ha	- y - C	1110	21201	
	DEC 21 1992 a	an fallent . A												

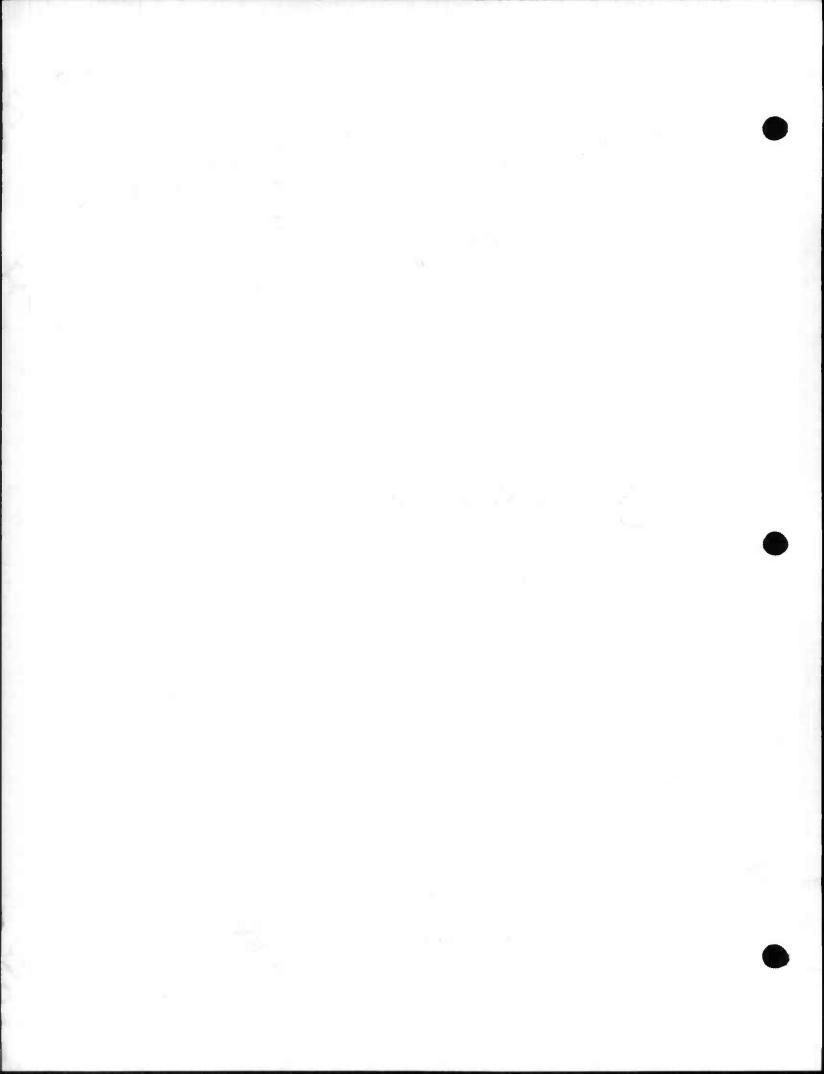


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92

1 7					DEATH	REG. N	· .	
	1. DECEDENT'S NAME (First, Middle, Last)	Tanas				2. DATE OF DEATH	DAY 10 Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX LE AGE	// t> t> t> t> t> t> t			12	17 1	992 14:13
	212-16-0115	1 🗆 M 2 👿 F	(In yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Mogth, Day, Year)	10.01	BIRTHPLACE (State or Foreign Country) aryland
JOR BO	9a. FACILITY NAME (If not institution, give str St. Agnes to SDH	reet and number)		Baltin	ORE	ATN /	BAH	MORE COTY
DIRECTOR	10a. STATE 10b. COUNTY	marca Park	10c. CITY	, TOWN OR LOCATI	11-	N.		10d. INSIDE CITY
FUNERAL D	100. STREET AND NUMBER	AVE B	altoø.M	a • 21 201	ZIP CODE	30		1 (☑ YES 2 ☐ NO N OF WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	Conway		did	20	US	
B	1 Never Married 2 Married 3. Widowed 4 Divorced	FORCES? 1 YES	2 TUNO	If yes, spe		IIC ORIGIN? (Specify 1 n, Puerto Rican, etc.)	bs or No- 14	RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S I	USUAL OCCUPATION fork done during mose retired.)	N t of working	16b. KIND OF B	USINESS/INDUS	TRY
once. COMPLETED	Elementary/Secondary (0-12) 10th.Grade	College (1-4 or 5 +)		puters			Reta	; 1
Once.	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide		
111 B	Joseph		Reiley		Ann	a	- We	ndel
TO BE	19a, INFORMANT'S NAME (Type/Print)		1			Route Number, City or To		ode)
pe l	Mrs.Margaret Ni					lto.Md.		
must	20a. METHOD OF DISPOSITION 5 Suriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State cem	PLACE AND DATEO	her place)		1.		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE TRE	alto.Nat		Cemt. 12	CILITY		City,Md.
examiner	· James o	A. Huch	Lun			Balto	.Md. 2	21230 E.Fort Av
ic event, the medical	iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	CONSEQUENCE OF	est -lion	CUM ON	tu		interval Bet Onset and E
ry, or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CHF	CONSEQUENCE OF):	edin	9		
79	PART II. Other significant conditions		ut not resulting in	n the underlying	cause given in	Part i. 24a, WAS /	IN AUTOPSY	
5 3		i couthorting to death b						
shows any injury,		Contributing to death b				PERF	2 NO	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
shows : ME	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN (Ch	PERFO	. /	MAILABLE PRIOR TO COMPLETION OF CAU
shows : MEE		HOSPITAL:			ACE OF DEATN (Ch	PERFO	. /	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
or Item 23 shows HYSICIAN: MEE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ŲOSPITAL:		26. PL/OTHER: 4 Nursing Home E OF 28c. INJU	ACE OF DEATN (Cho	PERFO	2 NO	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
8 is marked, or item 23 shows ED BY PHYSICIAN: MEE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	HOSPITAL: 1 Copationt 2 □ ER/Outp 28e. DATE OF INJURY	batient 3 DOA 28b. TIME INJU	26. PLJ OTHER: 4 Nursing Home E OF 28c. INJU RY WOF	ACE OF DEATN (Ch. 5	PERF(1 YES ack only one) 8 Other (Specify)	2 NO NO INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
If Item 28 is marked, or Item 23 shows MPLETED BY PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 DE Inpatient 2 = ER/Outp 28e, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY	28b. TiME 28b. TiME INJU — At home, farm, st	26. PLJ OTHER: 4 Nursing Home E OF 28c. INJU INY WOF 1 YI Ireet, factory, office	ACE OF DEATN (Ch. 5	PERF 1 YES 1 YES 5 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Yown, State to the cause(s) and m	2 NO I INJURY OCCUP I and Number or	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO NED Rural Route Number,
RANT: If Item 28 is marked, or Item 23 shows COMPLETED BY PHYSICIAN: MET	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	Clan: To the basis of examination	28b. TiME 28b. TiME INJU — At home, farm, st	26. PLJ OTHER: 4 Nursing Home E OF 28c. INJU INY WOF 1 YI Ireet, factory, office	ACE OF DEATN (Ch. 5	PERF 1 YES 8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(s) and milme, date and place,	I INJURY OCCUI	COMPLETION OF CAU OF DEATH? 1 YES 2 NO RED Rural Route Number,
8 is marked, or Item 23 shows ED BY PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	LOSPITAL: 1	Desirent 3 DOA 28b. TIME INJU — At home, farm, st ledge, death occurred an end/or investigation	26. PLJ OTHER: 4 Nursing Home 5 OF 28c. INJU JRY M 1 YI treet, factory, office d at the time, date on, in my opinion, de	NCE OF DEATN (CN	PERF 1 YES 8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(s) and milme, date and place,	INJURY OCCUP It and Number or anner as stated, and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO RED Rural Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



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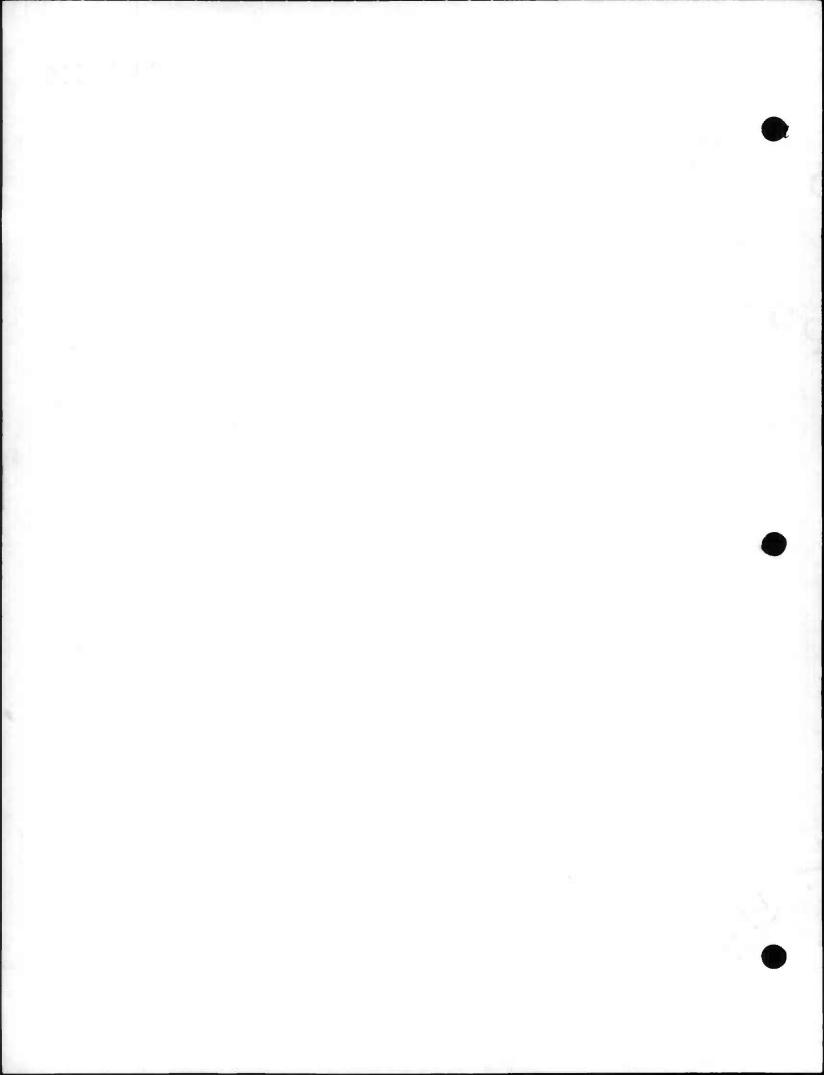
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

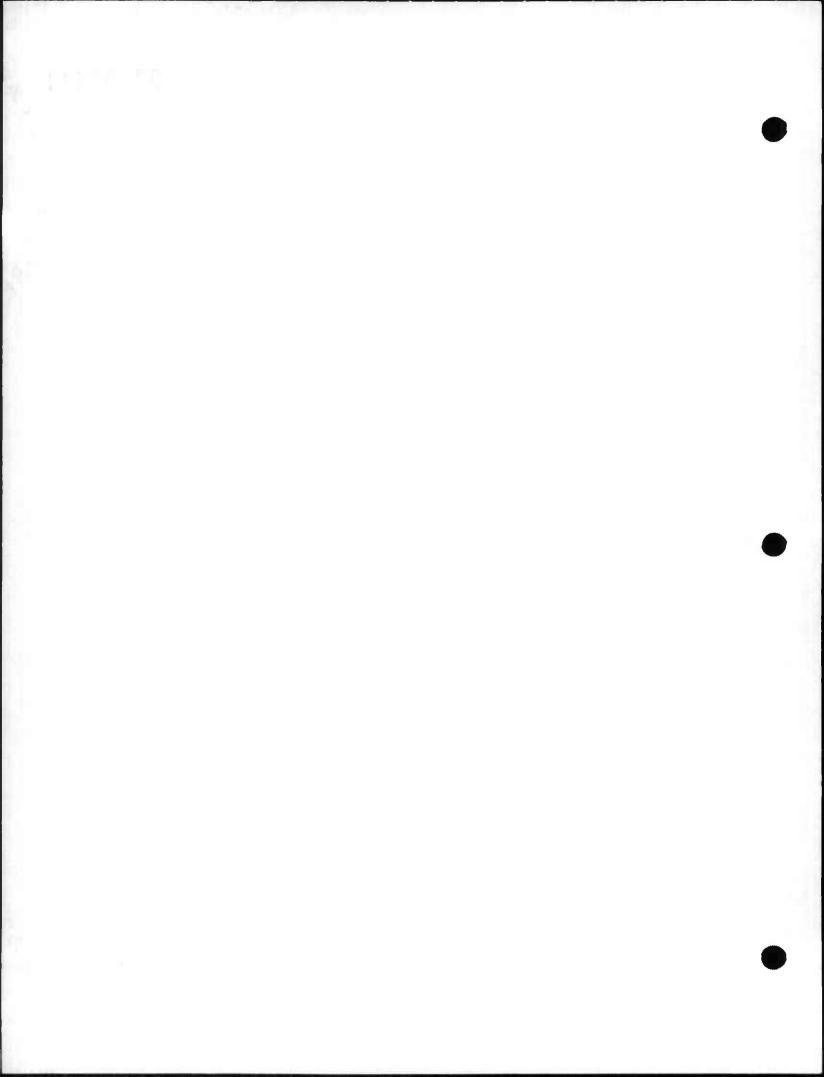
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE O	DEATH	REG. NO).	
	- 1	1. DECEDENT'S NAME (First, Middle, L	ast)					2. DATE OF DEATH		3. TIME OF DEATH
	-	WILLIE	LUCILLE	JOHNS	ONI			12 16	92	2 1:06 AM
		4. SOCIAL SECURITY NUMBER	5. SEX							
		4. SOCIAL SECORETY NUMBER		6. AGE (In yrs.	.,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	B. BIRTHPLACE (State or Foreign Country)
1	- 1	225-14-7986 1□M2対F 87 YRS. MONT					MOONS MIN.	1/22/05		Halifax Co., Va.
	- 1	9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
П	œ	PRINCE GEORGE'S	HOSPITAL	CENITED		CHEVE	DI V		DOTAK	CE GEORGE'S
	6 1	RESIDENCE OF DECEDEN		CLIVILI		CHILVE	RLI		PRINC	E GEORGE S
	DIRECTOR		10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY	
П	<u>۾</u> ا	Md PG Capitol Heights							LIMITS?	
		40 000000 11000000								1 A YES 2 NO
	≅ I	10e. STREET AND NUMBER					DI. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
	<u> </u>	6506_Calmos	St				20743		USA	
	FUNERAL	11. MARITAL STATUS	12 WAS DECEDE	NT EVER IN U.S.	ARMED	13. WAS D	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No- 1	4. RACE American Indian.
		1 Never Married 2 Married	FORCES?	1 YES 2 [NO	If yes,	pecify Cuben, Mexico	an, Puerto Rican, etc.)		Black, White, etc.
	⋒	3 TX Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 No Specify: Specify: Black							Specify Black	
	9									
Ш		(Specify only highest (rade completed)		(Give kind of a	rork done during in a retired.)	nost of working	190. KIND OF BU	SINESS/INDU	SIHY
П	ا ج	Elementary/Secondary (0-12)	None (1-4 or 5	+) H	lousek					
ا	울	12 110								
	COMPLETED	17. FATHER'S NAME (First, Middle, Last					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	
		Willie Hudson	1				Defore	s Irimar		
	8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS /Stree	and Number or Dural	Bouts Number City or Tru	on Otata Zin (North Control
	임	Daughter				Same as	10a,b,c,	Agute Number City or Tow d,e,&f	rri, Sielle, Zip C	,00e)
										
	11	20a METHOD OF DISPOSITION 1 Description 2 Comments 3 Description 3 Desc	Removal from State	20b. PLAC	CE AND DATE	PAR PAGE	lame of			ity or Town, State
		4 Donation 8 Other (Specify)		Bap	tist	her placa) Cemeter	y 12	1/20/92 L3	nchbu	rg, Va.
		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/			AND ADDRESS OF FA	CILITY		
		> /// // // // // // // // // // // // /	C. O					John T Rh		
		Juan	muli				3030 12th	St NE, DO	2001	7
		23. PART L Enter the diseases,	or complications the	at caused the	death. Do r	ot enter the n	ode of dying, suc	h as cardiac or reap	iratory arre	st, Approximate
		/ snock, or heart falls	ire. List only one ca	use on each l	Ine.					interval Between
		IMMEDIATE CAUSE (Final disease or condition	()	1-	-1-	RI	0	colo (end	-1	Onset and Death
	- 11	resulting in death)	a	~~~	ull	13200		and and	1	
	- II		DUE TO	OR AS A CON	SECUENCE OF	7):	1 < /			
	z II	Witest Charles and Conference	ь	/	400	vor	per Cu	2		_ !
	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury b. OUE TO (DR AS A CONSEQUENCE OF): C. C. C. C. C. C. C. C. C. C. C. C. C. C								
	3	cause. Enter UNDERLYING			10	Eleen	1 four	Musp		
	Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CON	SEOUENCE OF	7:	1 1			
		resulting in death) LAST								
	圆圆		d							
		PART II. Other significant cond	tions contributing to	death but no	t resulting	n the underlyl	ng cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	EDICAL		2 7	bre		laste	7	PERFO	77	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	ا ۃ		- John	104	13000		0/1-	1 _ YES :	2 🐴 NO	OF DEATH?
	ž		Ma	legu	1	Mul	eften	2		1 TYES 2 NO
	ä			0						
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA	L			26.	LACE OF DEATH (CA	neck only one)		-
	잃။	EXAMINER?	HOSPITAL:	ED/O-stated		OTHER:				
1	<u> </u>	27. MANNER OF DEATH						8 Other (Specify)		
i	t I	-37	28a. DATE Of (Month, i	Day, Year)	28b. TIM INJ	URY Y	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCU	PRED
	à	1 X Natural 5 Pending 2 Accident Investigat	on			M 1 🗆	YES 2 NO			
		3 Suicide 8 Could not	28e. PLACE (OF INJURY At	home, larm, s	treet, factory, of	ce	281, LOCATION (Street	and Number o	r Rural Route Number,
	<u> </u>	4 Homicide determine		, etc. (Specify)				City or Town, State)	
i	4	29a. CERTIFIER						<u> </u>		
	COMPLETED	(Check only						to the cause(e) and ma		
l	5	2 MEDICAL EXA	INER: On the basis of a	xamination and/	or investigation	n, in my opinion,	death occured at the	time, data and place, as	nd due to the	cause(e) and manner as stated,
	n O	29b. SIGNATURE AND TITLE OF CERT	IFIER /	-			29c. LICENSE NU	MBER	29d DATE	SIGNEO, (Month, Day, Year)
	D		. /	1 1 0			,		b /	2/17/60 -
1	∦ ≘	30. NAME AND AODRESS OF PERSON	WHO COURT FEED OF	DE 05 05 1511	TF01 05 17	D Lat			14	11/12
Ι΄		ON HAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	DE OF DEATH (I	1 EM 27) (Type,	Print)				
E		31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	E					
	98		- I hadred all days	don-Rand	The same					
		DEC 18 1992			2					



11143736-2350 *EEME LUCIDOA

									40	-	19619		AN .	GH HAOL
										55	ROSALI	OH	AYEI	301
		FOR 1 . STATE		STATE OF I	MARYLAND /	DEPAR	RTMEN	r of h	EALTH AN	S 13 D MEN	ITAL HYGIEN	2 19/7 E	23 3	5611
		REGISTRAR 1. DECEDENT'S NAME (First, A	Middle I not)						DEATH		REG. NO			#M.54535
			UC I	nda	m. K	ee	ne				NATE OF DEATH		YEAR 3	1202 M
		4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER 24 HF		ATE OF BIRTH Worth, Day, Year)		Country)	ACE (State or Foreign
pino		213-12-653 9a. FACILITY NAME (If not inst			86	THS.	9b. CITY	. TOWN C	OR LOCATION O		.2 30	05	TY OF DEA	D
physician. burial-transit permit. Pages 1, 2, 3 should	OR	Sinai Hospital							more					
es 1.	DIRECTOR	RESIDENCE OF DECE	10c. Cf			CITY, TOWN OR LOCATION					10d INSIE		Dd. INSIDE CITY	
nit. Pag		MD					Bal	tim	ore				1	LIMITS?
it pem	FUNERAL	100. STREET AND NUMBER	الم منة 1	Λ., ο σ., .				101	ZIP CODE	-		1 *		AT COUNTRY?
physician. burial-trans	S	3022 Rosa	lina	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	2121		RIGIN? (Specify Yes		USA 14. BACE -	- American Indian,
	BY F	1 Never Married 2 No. 3 XWidowed 4 Divorce		FORCES? 1 IF YES, GIVE V	YES 2 XI	40		If yes, spi	ecity Cuban, Me 2 NO S	xican, Pu	erto Rican, etc.)		Specify: Bla	White, etc.
or attending f use as the	ED	15. DECEI	DENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND OF BUS	SINESS/IND		CK
	Ē	Elementary/Secondary (0-1	highest grade (College (1-4 or 5	F) =				st of working					
retained by the hospital or attending 5 should be detached for use as the notified at once.	COMPLET	8th 17. FATHER'S NAME (First, Mid	idle / set)		U	nemp	oloy	e d						
	BE CC	Unknown								ttie	irst, Middle, Maiden	Surname)	Fle	mings
	TO B	19a. INFORMANT'S NAME (Typ	on/Print)						nd Number or A	ral Route	Number, City or Tow		Code)	
28 0		Walter J.		5	20b. PLACE			_		7	e Balt	imor		
e 6 may ector, p	1	ty☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	3 🗌 Remo	val from State	cemetery, cre West	ern	of bishos Sta	r C	emete:	^ y 1	2/21 B	alti		
death. Pag e funeral dir II. examiner		21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE			22.	NAME AN	O ADDRESS O	FACILITY				
i after death. Page 6 may be by the funeral director, page smoval.		- Al Cas	lus	Wa	new			430	0 Wab	ash	Ave.,	Balt	ο.,	MD 21215
5 5 6		shock, or her	ert fallure. L	Approximate interval Between										
y fill y fill the		IMMEDIATE CAUSE (Fine disease or condition	l •	Cardiac duckerneties CHF										
cate be executed within 24 likelihysician and completely fille prior to burial, cremation, or traumatic event, the		resulting in death)	DUE TO (OR AS A CONSEQUENCE OF): CATGLOMY o pat 4											
and corr o burial,	ON	Sequentially list conditions, If any, leading to immediate b. Schemic Canglomy o party DUE TO (OR AS A CONSEQUENCE OF):												
ysician prior t	ICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury												
the death certifical the attending phy d Mental Hyglene is injury, or other	CERTIFI	that initiated events resulting in death) LAST												
y the attend of Mental Hy injury, or	CEF													
PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending physic with the State Dept, of Health and Merital Hygiene prinched, or Hem 23 shows any injury, or other tricked, or them the state of	MEDICAL	PART II. Other significen	condition	contributing to	deeth but not i	reaulting	In the ur	nderlylng	g ceuse giver	In Part	PERFOR	MED?	A	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE
w requires that the been signed by the pt. of Heaith and a shows any in	MED										1 🗌 YES 2	3-110 ,	0	F DEATH?
has been Dept. of Dept. of														
N: The ficate has State D	SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	Tenna		OTHE	Rt:	ACE OF DEATH		/	11	10 /	
Ally (this certificate with the State merked, or Item	PHYS	27. MANNER OF DEATH		1 Inpetient 2 28a. DATE OF	INJURY	28b. TIN		28c. INJ			Other (Specify) DESCRIBE HOW I	100	URED .	
There with merked,	ВУ	1 Natural 5 Pe	ending vestigation				M	1 🗆 1	RK? (ES 2 NO					
M25	8		ould not be starmined	28a. PLACE O building,	F INJURY — Al ho atc. (Specify)	me, farm,	street, fac	lory, affici		281.	LOCATION (Street a City or Town, State)	and Number	or Rural Rou	te Number,
883 5	COMPLET	29a. CERTIFIER (Check only	YING PHYSIC	HAN: To the best of	my knowledge, de	eth occurr	ed at the I	ime, date	and place, and	due to th	e causels) and mer	mer se state	4	
HOSPITAL FUNERAL WITHIN 72	NO.													nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: It	BEO	29b. SIGNATURE AND TITLE C	OF CERTIFIER	1					29c. LICENSE	NUMBER		29d. DATE	SIGNED (M	forth, Day, Year)
₽ ₽ 3 %	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	MD SE OF DEATH (ITE	М 27) (Туре	, Print)						12-	17-92
		Hic	deni		imur	4,	U	0	S	rai	Hos	A'E	2	
		31. DATE FILED (Month, Day, Ye	92	32. REGISTRA	192 brail grader	.:.:						O .	m	



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	, or removal.	a medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	FIGURE PRYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	SOF JUST	NUT SILVE	be filed within	IMPORTAN

CERTIFICATE OF DEATH REG. NO.	6	٠.	Bress
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI			MENTAL HYGIEN		35612	
	1. DECEDENT'S NAME (First, Middle, Last) Dollie I. Ke	mp				2. DATE OF DEATH MONTH Dec.20	DAY YEA	3. TIME OF DEATH App	
	219-10-2092	□ M 2 🕮 7	yrs. last birthday) IF U	NDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a Bi	RTHPLACE (State or Foreign untry) eW York	
70R	90. FACILITY NAME (If not institution, give stree 1811 Thames St.	t and number)	9b.	Balti	More	EATH	9c. COUNTY O	F DEATH	
DIRECTOR	10a. STATE 10b. COUNTY Maryland	_	wn on Locati				10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1811 Thames St.			10f.	ZIP CODE 21231		10g. CITIZEN O	F WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO				NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	ACE — American Indian, lack, White, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 8+) Cake Decorat			of working	,			
	17. FATHER'S NAME (First, Middle, Lest) Paul Kemp	0	oake bet	Jorato	16. MOTHER'S NA	Bakeı ME (First, Middle, Meider rvilla Da	Sumame)		
Paul Kemp 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul Kemp 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 48 Shamrock Circle, Westminster, Md. 21157								21157	
	20e. METHOD OF DISPOSITION 1	from State Cover	PLACE AND DATE OF DIS Pry. Cremetory or other Dis eenimount	*Cemet	ery l	.2/21 Ba		Town, State , Maryland	
		r & Sons Ir	ic.	705 S	. Ann S	ber & Son	. Md. 2	1231	
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	t Dnly Dne cause Dn eed	ch line. CLEROTK			Asc De	-	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.								
PHISICIAN: MEDICAL	PART # Other significant conditions of	Sontributing to death but	not resulting in the	underlying	ceuse given in	Part i. 24e. WAS AN PERFO	RMED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIA		OSPITAL:		HER:	CE OF DEATH (Che	Ck only one) Currently Currentl			
ВУ РНУ	27. Mariner Of DEATH 17. Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJU WOR	RY AT	28d. DESCRIBE HOW	INJURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, street,	tactory, office		28f. LOCATION (Street City or Town, State	end Number or Run)	al Route Number,	
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the basis of exemination a	ige, death occurred at t	he time, data a my opinion, dei	nd place, and due th occured at the	to the cause(s) and me time, date and place, as	nner as stated, nd dua to the caus	e(s) and manner as stated.	
TO BE C	No. SIGNATURE AND TITLE OF CERTIFIER	Ale. 40			D 67	176	29d, DATE SIGN	12/193	
	30. NAME AND ADDRESS OF PERSON WHO OF ITVIN B. Kaplan I	M.D. 129 S.	Broadway		timore,	Maryland	21231		
	DFC 2 1 1992	32. REGISTRAR'S SIGNAT	dese						

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

E HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bost E IMPERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach promined. To hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		TMENT OF		D MENT	AL HYGIEN	E	35613
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DA	TE OF DEATH		3. TIME OF DEATH
1 1	LOUIS GEORG	E KANE					NTH DA	199	
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DAT	TE OF BIRTH		BIRTHPLACE (State or Foreign
-	215-03-6273 1X	(M2□F 85	YRS.	MONTHS DAYS	HOURS MIN	9	-5-1907		Country)
	9a. FACILITY NAME (If not institution, give street an	nd number)		9b. CITY, TOWN	OR LOCATION OF		0 1001	9c. COUNTY	
8	Union Memorial Hosp	ital		Baltin	ore				
[5]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		46.000	Y. TOWN OR LOC					
DIRECTOR	Maryland			timore	ALION				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER		_ Dai		01. ZIP CODE			10a CITIZEN	1 (X) YES 2 NO
FUNERAL	3507 Parklawn Ave.			l l	21213			U.S.	
N	11. MARITAL STATUS 12 V	WAS DECEDENT EVER IN U	I.S., ARMED	13, WAS D		PANIC ORIG	GIN? (Specify Yes		. RACE — American Indian,
	To the same of the						Black, White, etc.		
Э ВУ	Mhite						White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							TRY	
7	110	Hege (1-4 or 5+)	ille. Do NOT us						
N.	17. FATHER'S NAME (First, Middle, Last)	Yrs.	Chemica	I Engir		NAME (5)	t, Middle, Maiden		
Ш	John Kane				Marga		Moran	Sumame)	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	end Number or Ru			n. Stata. Zio Co	odel
은	George T. Kane		501 Ta	albott /	Ave., Lu	ther	ville, I	Md. 21	093
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal fr	20b. P	LACE AND DATE O	OF DISPOSITION (Name of				y or Town, State
	4 Donation 5 Other (Specify)	Gar	dens of l	-aith Cerr	etery 1	2-23-9	2 Ros	sedale,M	/d.
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEI	E			AND ADDRESS OF	FACILITY			
	Roy H. Cather Roy J. Qath	04)		Leonar	d J. Ruck	.Inc	5305 hart	ford Rd.	,Balto.,Md. 21214
	23. PART i. Enter the diseases, or compi	lications that caused t	he death. Do n						
	shock, or heart failure. List o	only one cause on eac	h line.			1			Interval Between Onset and Death
	disease or condition resulting in death)	Myocas	del	10	farct	2027			
	a.	DUE TO (OR AS A C	ONSEQUENCE OF	F):					
8	Sequentially list conditions, b.								
Ě	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF	7):					
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	j:					
CERTIFICATION	resulting in death) LAST								[
	DART II Oh I - Mi A III								
14	PART II. Other significant conditions con	itributing to deeth but	not resulting i	n the Underlyl	ng cause given	in Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA							1 TYES 2	□ NO	OF DEATH?
									1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			00	N AGE OF BEATU	201 t t		-	<u> </u>
PHYSICIAN:	EXAMINER? HO:	SPITAL:	- 1 a 🗆 a a	OTHER:	PLACE OF DEATH				
¥		Inpatient 2 ER/Outpatient 28e. DATE OF INJURY	ent 3 L DOA		me 5 Residen		ther (Specify) DESCRIBE HOW II	NURY OCCUR	OFD.
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY V	ORK? YES 2 NO				
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	At home, ferm, s	dreet, factory, of	ice			and Number or	Rural Route Number,
Ë	4 Homicide determined	building, atc. (Specify)	,			C	ity or Town, State)		
COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowled	ge, death occurre	ed at the time, de	te end place, and	due to the o	cause(e) end man	ner as stated.	
OM	one) 2 MEDICAL EXAMINER: On								
U C	296. SIGNATURE AND TITLE OF CERTIFIER	- cuts			29c. LICENSE			,,	IGNED (Month, Day, Year)
00	11 Mens	C. Brief				148	0	> /:	2/21/92
일	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)					
	George E. Lowe, M.D)., 5810 Be	lair Rd	.,Balto	., Md.	1	FERMAN	cdo i	1. FERRO MD.
	31. DATE FILED (Month, Day, Year)	132. REGISTRAR'S SIGNATION DOWN							
	DEC 21 1992 at	- Note (400) - 1							

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29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Juli de la santa

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 35614 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VEAR Lee Jones Robert Sr. December 18,1992 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) HOURS 1 M 2 | F YRS. 213 09 2858 79 May 31.1913 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 310 Riverside Drive Essex Baltimore County 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County 1 YES ENO Essex FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 310 Riverside Drive 21221 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PANO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 8 Steel Worker Steel Mill once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) 76 Leo Jones BE Bertha Neil notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Elizabeth M. Jones (wife) 310 Riverside Road Essex Maryland 21221 9 20s. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Gardens of Faith 4 Donation 5 Other (Specify) 12/21/92Baltimore County, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home PA 1407 Eastern Ave Baltimore Maryland 21221 attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. event, the medical 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death RASP ARREST disease or condition resulting in death) ARDW executed within DUE TO (OR AS A CONSEQUENCE OF) Demen T. e traumatic Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) death certificate be Cause Enter UNDERLYING CAUSE (Disease or Injury Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 of Health and Mer PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? requires that the 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO certificate has been of h PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF DEATH (Check only one) E E **EXAMINER?** OTHER: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA HOSPITAL OR ATTENDING PHYSICIAN: me 5 Residence 6 Other (Specify) 4 🗆 Num the 50 27. MANNER OF DEATH DIRECTOR: After this cer hours after death with th item 28 Is marked, of 28s. DATE OF INJURY 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined BE COMPLETED 4 Homicide THE FUNERAL DIRECTION OF THE POPULATION OF THE P 29s. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

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29d. DATE SIGNED (Month, Day, Year)

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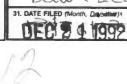
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	FUNETAL, DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	ğ	many miles 20 is marked on item 22 shows one fairner or other tenumedia manifest members and the market of the

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT O	F HEALTH AND I	MENTAL HYGIEN	11.	92 35615		
	1. OECEDENT'S NAME (First, Middle, Last) Kirschmun,	Murray	(MURRAY	KIRSC	HMAN)	2. DATE OF DEATH	MY	3. TIME OF GEATH		
	4. SOCIAL SECURITY NUMBER 064-05-1084	5. SEX 6 AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		
ron	Se. FACILITY NAME (If not institution, give SIN AI HDS V RESIDENCE OF DECEDENT	street and number)			WN OR LOCATION OF DE IMORE		9c, COU	NTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNT	IMORE		TIMOR			10			
FUNERAL	100. STREET AND NUMBER 28 WOODHOLME AVE	•			101. ZIP CODE 21208		USA	1 YES 2 XNO		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TY YES IF YES, GIVE WAT OR DAT WWII	J.S. ARMED 2 NO ES	13. WAS	14. RACE — American Indian, Black, White, etc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT us BUILDEF	rork done durin e retired.)	PATION g most of working	166. KIND OF BU				
BE CON	17. FATHER'S NAME (First, Middle, Lest) HERBERT KIRS	CHMAN			18. MOTHER'S NAI ADELI	ME (First, Middle, Malden E PUTTERM	Sumame)			
TO 8										
	No. METHOD OF DISPOSITION T		PLACE AND OATE OF STREET, CREMETERS OF STREET, CREM	her plece)	REW 12/18/			City or Town, State		
	21. BIGNATURE OF EUROPAL SERVICE	Server		SOL	E AND AODRESS OF FAC LEVINSON () REISTERTY	& BROS., I		, MD 21215		
	22 PART I. Enter the discussion of shock, or have failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	"Liet only one cause on eec	in line.	ot enter tha	mode of dying, such	n ss cerdisc or reap	iratory err	est, Approximate interval Between Onset end Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ne contributing to death but W.S. L.W. W.M.	not resulting is	n tha under	ying couse given in	Part I. 24a. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	lant 3 DDA	OTHER:	3. PLACE OF DEATH (Che					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. OATE OF INJURY (Month, Day, Year)	28b, TIME INJU	OF 28c	INJURY AT WORK? YES 2 NO	28d. OESCRIBE HOW I	NJURY OCC	CURED		
	2 Accident investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED		ICIAN: To the best of my knowled ER: On the basis of axamination a						ed. e cause(a) end menner as stated.		
8	296, SIGNATURE AND TITLE OF CERTIFIE	tu up -	2222		29c, LICENSE NUM	BEA	29d, DATE	E SIGNED (Month, Day, Year) 2/16/02		
10	30. NAME AND ADDRESS OF PERSON WAS	·Mo	1							



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BALTIMORE, MARYLAND 21215-0020	her death. Pane & may be retained by the hounited or attending the colorest
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

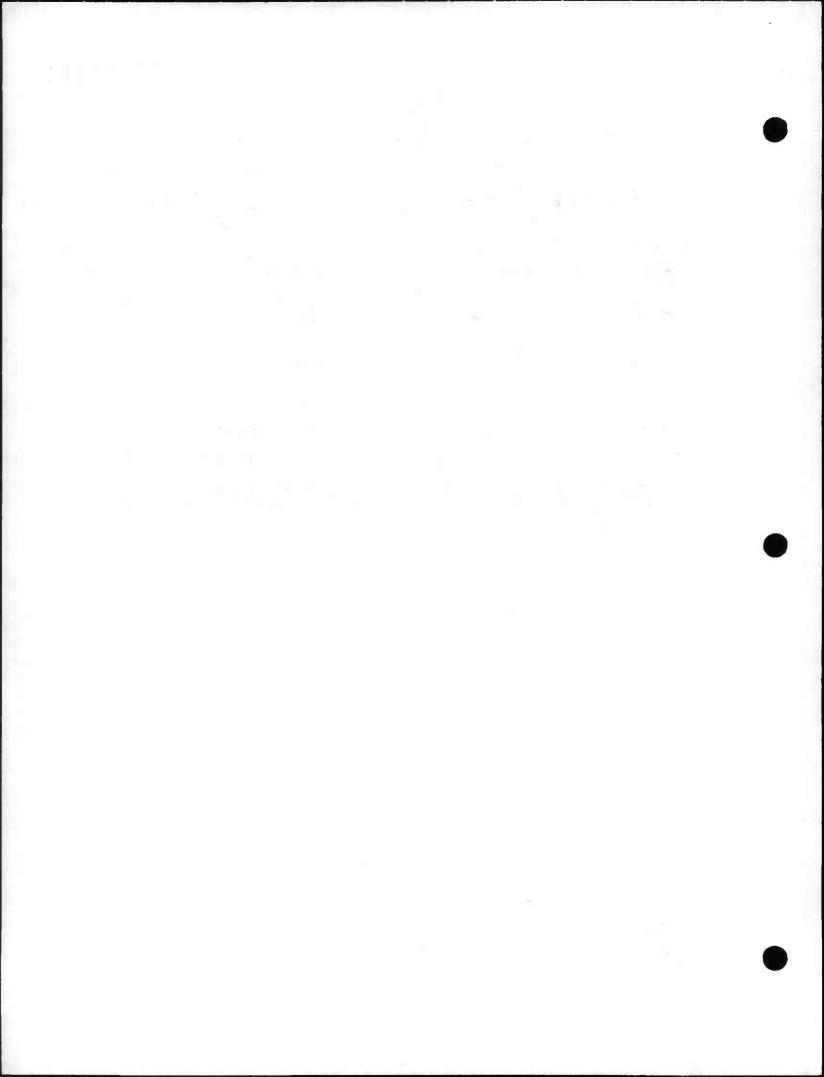
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	Н
			CERTIFICATI					R

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTA	AL HYGIENE REG. NO.		00010)			
7.00	1. DECEDENT'S NAME (First, Middle, Last)	LUCAN	TONI		2. DATI	E OF DEATH	199	3. TIME OF DEAT	N M			
9	4. SOCIAL SECURITY NUMBER 214-18-1654	5. SEX 6. AGE (In yr.	7 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS THE DAYS HOURS MIN	7. DATE	E OF BIRTH	95 N	BIRTHPLACE (State or For	reign 2LY			
OR	9a. FACILITY NAME (If not institution, give s 1108 DANIE	treet and number)		CITY, TOWN OR LOCATION OF	DEATH		BAL	OF DEATH TIMORE	CO,			
DIRECTOR	10e. STATE 10b. COUNTY	TIMORE CO		WN OR LOCATION	K			10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER		LA	101. ZIP CODE	1		1 U YES 2 MO					
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	D MO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Max	ican, Puerto	or No — 14	r No — 14. RACE — American Indian, Black, White, etc					
ED BY	3 Widowed 4 Divorced		. DECEDENT'S USU	1 TYES 2 TO Spi		NESS/INDLIS	WHITE					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. KIND OF BUSINESS/INDUSTRY											
BE CON	17. FATHER'S NAME (First, Middle, Last)	LUCCI		18. MOTHER'S	NAME (First,	Middle, Meiden S	igname) OGG	/				
TO B	19a. INFORMANT'S NAME (Type/Print) PECALDS 19b. MAILING ADDRESS (Street and Number or Fural Route Number, Clipset Town, State, Zip Code) SAME AS ABOVE											
	20e. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE UP	gair moor	77	22, NAME AND ADDRESS OF EVANS FO	FACILITY	PAL C	HAPE	ARKVILLE	-			
	23. PART I. Enter the diseases, or canonical services.	on plications that caused the	death. Do not e	nter the mode of dying, s	uch aa cer	rdiec or respir	atory arrest	Approxima				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ASCVD Z CHF DUE TO (OR AS A CONSEQUENCE OF):											
z	Source Library DEHYDRATION											
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST CAUSE (Disease or Injury that initiated events resulting in death) LAST											
AL CE	PART II. Other significant condition	a contributing to death but n	ot resulting in th	e underlying cause given	in Part I.	24a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FIR	NDINGS			
PHYSICIAN: MEDICA	12.				_	PERFORM	0	AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	AUSE			
Z					_			1 TYES 2 N	°			
SICE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ОТ	26. PLACE OF DEATH								
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatien 28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 N Resident 28c. INJURY AT	_	er (Specify) SCRIBE NOW IN	JURY OCCUR	ED	-			
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		CIAN: To the best of my knowledge R: On the basis of examination and						suse(s) and manner as st	ated.			
BEC	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mon											
2	30. NAME AND APPORESS OF PERSON WHY	Mul	11111	D129	67		12	116/92				
-	DR JOHN SHALL	SSOD EDI	(ITEM 27) (Type, Print ロルカリム	N AVE BAI	-TO 2	1229						
,	DFC 2 1 1992	32. REGISTRAR'S SIGNATUR LINE DAVIDSON - PONDE	ie.									
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31. DATE FILED (Month, Day, Year)

DEC 2 1 1992

32. REGISTRAR'S SIGNATURE

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	1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	RTMENT	OF H	IEALTH DEA	AND I	MENTAI	HYGIEN	IE		0017
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			. TIME OF DEATH
	DORG MILE	W15							MONTH		AY	YEAR	742A
	4. SOCIAL SECURITY NUMBER		E (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 MDR		OF BIRTH		-	ACE (State or Foreign
	220-24-1248	1 🗌 M 2 📓 F	64	YRS.		DAYS O	HOURS	MIN,		Day, Year),	8	Mary	land
_	9a. FACILITY NAME (If not institution, give s				9b. CITY,					/	9c. COL	INTY OF DEA	TH
9	BON-SECOURS +	1098 ITAL				4	34-L	TIM	TORE	-	0	ITY	/
ן הַ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,											
DIRECTOR	Maryland			1	y, town of alto			Md.					LIMITS?
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15	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. AR	MED	13. W	AS DEC	ENDENT O	F HISPAN	IIC ORIGIN	(Specify Ye	or No-	14. RACE -	American Indian, Vhite, etc.
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₹ E	8th.Grade		A	ssei	mbly					AMT,	Co		
18	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, N	iddle, Maiden	Sumame)		
HH HH	John	J. 1	East	er				F	lora		Mav	C	olbert
0	19e, INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS	Street e	nd Number	or Rural R	Route Numb	er, City or Tow	n, State, Zi	p Code)	
1	Linda Kouneski	(1323	3 Wel	ost	er	st.E	Balto	Md.	21	230	
	20e. METHOD OF DISPOSITION			ND DATE	OF DISPOSIT			-				City or Town	State
	4 Donation 5 Other (Specify)	Ocean from State	metery, crei	natory or o	Park	Ce	met	arv1	2/1	7 0	1+0	.Citv	Ma
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	AME AN	ID ADDRE	SS OF FAC				- 100	
	10	H- C-		0	Mac	77	1 1	J				. 212	
100	22 PART First the diseases as	- Rich	~~	~0'	. MCC	·uı	тÀ	une	ral	Home	.13) E.F	ort Ave.
	23. PART I. Enter the diseeses, or o	Liet only one ceuse on	eech line.	atn. Do r	tot enter ti	ne mo	de of dy	ing, auch	h ea cerd	ec or reepi	iratory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine)										Onset and Death		
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RTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
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Ē	thet initiated events resulting in death) LAST			UENCE OF	f):			,					
CER		. Ageu	(1)										
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									—	1 YES 2	₩"NO		DEATH?
									_			1	YES 2 NO
Z													
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YS	1 YES 2 NO	1 Impetient 2 I ER/Ou		□ DOA	4 🗆 Nursin	g Home	5 🗆 Re	eldence (8 🗆 Other	(Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		28b. TIMI	E OF 2	Bc. INJU			28d. DEŞ	RIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				- M		ES 2 [NO			-		
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp.	IV — At hor	ne, farm, s	treet, factor	y, office)		281, LOCA	TION (Street a Town, Steta)	ind Number	or Runal Rout	e Number,
	4 Homicide determined		*					- 1	ony o	e			
7	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wledge, des	th occurre	d at the tim	e, date	end place	end due	to the caus	e(s) end men	ner ee ete	ad	
COMPLETED		R: On the basis of examinati											nd manner ee stated.
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00	Change	A 44 TO						Bal-			ZVG. DAT	2/	onth, Day, Year)
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		1 - FOR STATE REGISTRAR			ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		- 55010		
		1. DECEDENT'S NAME (First, Middle, Last)	1	c	/ / 5	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER		-	Luckey, Sr.	7. DATE OF BIRTN	0. BIRT	THPLACE (State or Foreign		
무		261-14-9430	1 € M 2 □ F 6 6	9 YRS.	THS DAYS HOURS MIN.	(Month, Day, Year)	922 FL	Frida		
2, 3 should	OR	St. Joseph Ho		96	Baltimone					
←.	ECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		10d, INSIDE CITY			
nit. Pages	DIR.		timore		Balti	imore		1 YES 2/CYNO		
nsit permit.	ERAL	3415 Nonth Tr	ail Way		101. ZIP CODE 2/2	34		S.A.		
5-0020 nding physician. Is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WWIII	ND	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex 1 YES 2 XNO Spe	ican, Puerto Rican, etc.)	Bla	CE — American Indian, ack, White, etc. White		
1215-0 or attending r use as the	ETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION 16s	Give kind of work	done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
W = 2	APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Seaman	,	Meno	chant M	arine		
by the	E COMPL	17. FATHER'S NAME (First, Middle, Last) Marcus Luckey	NAME (First, Middle, Meiden 21 Stancil							
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ORE, 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo	oval from State cemeter	ACE AND DATE OF D	SPOSITION (Name of place)	DATE 20c. LO	CATION — City or	Town, Stata		
		4 Donation 5 Other (Specify)		rkwood	22 NAME AND ADDESC OF	FACILITY =	Balto.	,		
BALTIN ter death. Pag the funeral di wal.		Jody D. C	liskemm		Hartley M 7527 Hart	Nillen Fun Lord Rd. B	ieral H Balto	ome Md2/234		
hours after ed in by the or removal		· ·	omplications that caused the lat only one cause on each	e death. Do not d line.	enter the mode of dying, s	uch as cardiac or respi	ratory arrest,	Approximate interval Between		
within 24 h pletely filled cremation.		IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO COR AS A CO	MEQUENCE OF):	Ty Failw	ve		Onset and Death		
executed and com o burial.	NO	Sequentially list conditions,	Pheuma	nin						
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the death y the attend Mental H	2	PART II. Other significant conditions	contributing to death but a	not resulting in the	to underlying sauce shape	In Part I. 24a, WAS AN	auroney I a	4- WERE ALTROPOS ENGINEE		
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L KECOK law requires that as been signed by lept. of Health an 23 shows any	Σ							1 YES 2 NO		
4 9 E E	SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (Check only one)				
SICIAN: The certificate the State to the State	PHYSICI	1 YES 2 ND 27. MANNER OF DEATH	HOSPITAL: 1:2 Inpatient 2 ER/Outpaties 28a. DATE OF INJURY	nt 3 DOA 4	HER: Nursing Home 5 - Residence					
NG PHYSIC frer this ce sath with the marked,	ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED			
TENDI TENDI TENDI TENDI TENDI TENDI TENDI TENDI TENDI TENDI TENDI	ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — j building, etc. (Specify)	At home, farm, atree	t, factory, office	281. LOCATION (Street a City or Town, State)	281. LOCATION (Street and Number or Flural Route Number, City or Town, State)			
PPT CR N EQL DIRECT 72 hours NT. II Item 3	COMPLE	000)	CIAN: To the best of my knowledge. R: On the besis of exemination an					e(s) end menner as stated,		
Z	BE C	29b. EXCHATURE AND TITLE OF CERTIFIER			29c. LICENSE N	rumber /	h 1- 1.	ED (Month, Day, Year)		
2 8 E	7	30 NAME AND ADDRESS OF PERSON WHI		(ITEM 27) (Type, Prin	0 1 1 1 1 1 0	4-71	141	9/92_		
14	-	dyed MA mi		LPd Tu	vsm Md.2	1204				
4+1		31. DATE FILED (Month, Day, 'Mer) DFC 2 1 1992	32. MEDISTRAM'S SIGNATUR GUNA DUMOSAM	Mandall						

Approximate Interval Between Onset and Death

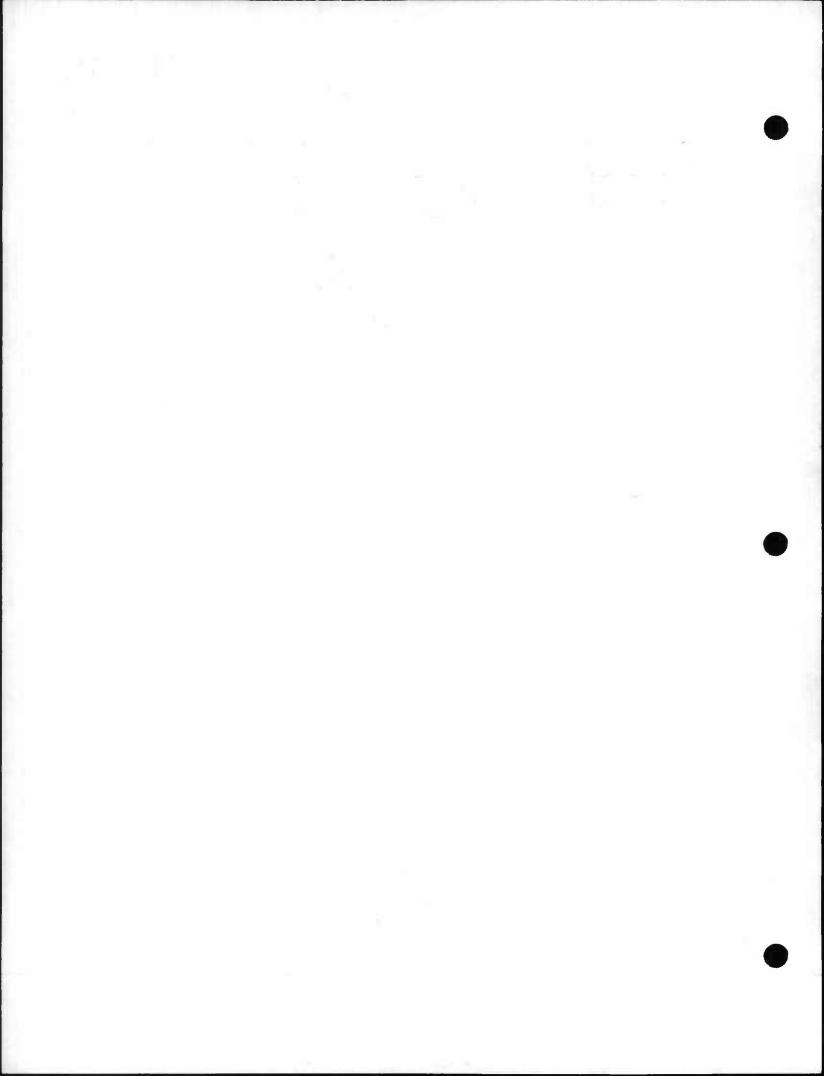
page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 n	JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	bunal c
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	1 - STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENT/	AL HYGIEN REG. NO.	E			
		E. Lampman	2	d ja			MON	12-17	1992	2	992	
	4.,social security number / 217-09-3420	1 X M 2 🗆 F 8	lnum last birthday,	IF UNDI MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mor	e of Birth " oth, Day, Year) 3 - 190	م ا _۱	Country)	Onk	
стов	94 FACKLITY NAME (I not Apaillution, gips of St. Joseph RESIDENCE OF DECEDENT	1,000	Y OF DEAT									
DIRE	10a. STATE 10b. COUNT	Y	10c. CI	TY, TOWN	Bal	on timore		LIM			LIMITS?	
NERAL	100. STREET AND NUMBER 2903 Pinewood Ave. 101. ZIP CODE 2/2/4										A .	
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? XX YES IF YES, GIVE WAR OR DO	2 NO	13	If yes, spe	endent of Hispa edity Cuben, Mexic 2 XNO Speci		or No- 1	4. RACE — Black, W Specify:	American Indian, hite, etc. White		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT' (Give kind of life. Do NOT	work done use retired.	during mos		16b. KIND OF BUSINESS/INDUSTRY ManyLand Dnydock					
notified at once. TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Norman Lampma											
TO B	196. INFORMANT'S NAME (Type/Frint) 195. MAILING ADDRESS (Street and Number or Flural Floure Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Flural Floure Number, City or Town, State, Zip Code) 2903 Pinewood Ave. Balto., Md. 2121											
must b	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	coval from State Com	PLACE AND DATE	other plece	mon I	Com	12	121 Bc	CATION — CI	MJ		
examine	22, NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harlord RD. Balto., Md.											
ant, the medical	23. PART Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death											
any injury, or other traumatic event, the medical examiner must be DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
hows	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO 1											
r Item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C	heck only	one)				
PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural	1 ☐ Inpetient 2 ☐ ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	_	28c, INJU WOF		_	ner (Specify) ESCRIBE HOW I	NJURY OCCU	RED		
28 is TED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, fa			201. LO	CATION (Street a y or Town, State)	and Number o	Pural Ploute	Number,	
MPORTANT: If Item	one) —	ICIAN: To the best of my knowl									d manner as stated.	
MPORTAL D BE C	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated as a superior of the cause(s) and manner as a superior of the cause(s) and manner as a superior of the cause(s) and the cause of the cause(s) and the cause of the											

TO BE COMPLETED BY

DEC 2.1 1992



BALTIMORE, MARYLAND 21203-3146

HICETIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few after death. Page 6 may be retained by the hospital or attending physician.

The structure RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. UNITABLE II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPARTME CERTIFICA	NT OF HEALTH AND M TE OF DEATH		2 33020					
	1. OECEDENT'S NAME (First, Middle, Last)	Loman		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 20-38-8986 1 9a. FACILITY NAME (If not institution, give street and n	8. AGE (In yrs. lest birthdey) IF UN PRS. MONTH		7. OATE OF BIRTH (Month, Day, Year) 8 -3 -143	8. BIRTHPLACE (State or Foreign Country)					
TOR	Howard County General	0 11 11 0 -	1 11 400	1.1	jard					
DIRECTOR	10a. STATE 10b. COUNTY HOW	eard Colu	M blas		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 4625 Old Drago	NPath	21043	2/	EN OF WHAT COUNTRY?					
BY FUI	1 Never Married 2 W Married FOR	DECEDENT EVER IN U.S. ABMED CES? 1 YES 2 MNO ES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANI If yea, specify Cuben, Mexican 1 YES 2 NO Specify:		14. RACE — American Indian, Black, Whita, atc. Specify:					
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	18e. DECEDENT'S USUA (Give kind of work of life. Do NOT use relin	and the state of the state of	16b, KIND OF BUSINESS/INDO						
COMP	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	Govern E (First, Middle, Maiden Sumame)	News					
TO BE	19a. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural Re	essie Ste Ste	2.N tON Code) 21043					
	20e. METHOD OF OISPOSITION 1 Payriel 2 Cremetion 3 Removal from	MAN 4625 (20b. PLACE OF DISPOSITION offer place)	Old Drago	20c. LOCATION — C	Ohla, M. O.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FAC	NEW Collick	A.H. Md2/2/3					
	23. PART i. Enter the diseases, or complications, or heart failure. List only		nter the mode of dying, such	es cardiec or respiretory arm	eat, Approximate interval Batween Onset and Death					
	immediate cause (Final disease or condition resulting in death)	DUE TO (OR IS A CONSEQUENCE OF):	cry ands	7	Oliset situ bestiti					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	mocarle	al yfans	2.					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
AL	PART II. Other eignificent conditions contri	buting to death but not resulting in the	underlying cause given in i	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE					
BY PHYSICIAN: MEDIC				1 _ YES 2 _ NO	OF DEATH?					
ICIAN			26. PLACE OF DEATH (Che							
PHYS		a. DATE OF INJURY, 286. TIME OF INJURY	28c. INJURY AT WORK?	8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCC	CURED					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	e. PLACE OF INJURY — At horner ferm, street, building, etc. (Specify)	W - 7	ry, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	and and	the best of my knowledge, death occurred at								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	40-	29c. LICENSE NUM		E SIGNEO (Month, Day, Year)					
5	30. NAME AND ADDRESS OF PERSON WHO COMPI	ETED CAUSE OF DEATH (ITEM 27) (Type, Print			g (X					
	31. DATE FILED (Month, Day, Year) 32	REGISTRAR'S SIGNATURE								



2 D R B B W market be interested Roll of Bollows. 500 Sec. [1]

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ì	1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3, TIME OF DEATH													
		BERT	QVI	LVESTE	R	1	LTIO	νT)		Dec. 15. 1992			YEAR Q 2	2:30 AM
	4. SOCIAL SECURITY NUMBER	~~~	5. SEX	8. AGE (In yrs.		IF UNDER	- V.	IF UNDER	24 HRS.				-	PLACE (State or Foreign
	217-36-47	05	1 TM 2 F	87	YRS.	MONTHS	DAYS	NOURS	MIN.	(Month, Day, Year)			Country)
- 1	99. FACILITY NAME (If not in		41.	_ 0/		9h. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					ryland		
NO.			ork Ros	ad				onkt						rford
5	RESIDENCE OF DEC	10b, COUNTY	,		100 017	c. CITY, TOWN OR LOCATION						1	and busine over	
DIRECTOR	Maryland		Harford	9	100. 011	i, lown	OH LOCA		onk	ton		18d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	100. STREET AND NUMBER		TTOT TOT		1		10	f. ZIP COD		0011	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	41					211	11			U.S	.A.			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 News Marital 3 Marital FORCES? 1 YES 2					13.	WAS DEC	CENDENT C	OF HISPAN	IIC ORIGIN? (S n, Puerto Rica	pecify Yee	or No-	14. RACE	- American Indian, White, atc.
BY F	1 Never Merried 2 3 Widowed 4 Divo			MAR OR DATES	<u>a</u> no			2 NO			ri, attu.j		Specif	
COMPLETED		EDENT'S EDU		16a.	DECEDENT'S	USUAL C	CCUPATI	ON	0.7	16b. KII	ND OF BUS	SINESS/INDU	JSTRY	
<u> </u>	Elementary/Secondary (I	1	College (1-4 or 5	+)	Me. Do NOT u	se retired.)	during m	JSL OF WORK	ng .					
P P	5				Fa	rme	r				Ü	Farm	ing	
8	17. FATHER'S NAME (First, M		_					18. MOT		ME (First, Midd	lie, Maiden			
BE	Ho	ward]	Lloyd					Be	ssie		Fo	rwa:	
0	190. INFORMANT'S NAME (.,								Route Number,				21084
-	Mary Alic		mmel		3726			al H		Road	7			sville, Md.
	20c. LOCATION — City or Town, State 20c. Hornology of Commettery 12/17 Madonna. Mar													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kurts Funeral Home												7	
	►4n.	Mach	den K	until	1					eral ille.			nd	
	23. PART i. Enter the d	lisesses, or	complications the	et caused the	death. Do	not ente								Approximate
1	shock, or h		List only one cer	use on each i	ine.	Δ.				^	•			Interval Between Onset end Death
	disesse or condition	→	Fear	1000	t a	ralla.	-DuO	MI	6 (Las.	lento	5		
	e. DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions, DIETO OR AS A CONSEQUENCE OF:													
ATIC	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING													
잂	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
MEDICAL						ionally in the underlying veuse given at Fr					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
G											☐ YES 2	M NO		OF DEATH?
										-				1 YES 2 NO
AN	25. WAS CASE REFERRED 1	TO MEDICAL					28. P	LACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN: N	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	p.	15-5		8 Other (S	nac/fu)			
H	27. MANNER OF DEATH		28a. OATE O	F INJURY	28b. TII	ME OF	28c. IN	JURY AT	00.001.00	28d. DESCR		NJURY OCC	UREO	
ВУ Р	1 X Natural 8 2 Accident	Pending Investigation	(Month, I	Day, Year)	IIV	JURY M		ORK? YES 2 [□ NO					
	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	ctory, offi	ce		28f. LOCATI City or	ON (Street of fown, State)	end Number	or Rural R	loute Number,
	29e. CERTIFIER	TIFYING PHYS	ICIAN: To the best o	f my knowledge	doub occur	red at the	time det	e and place	and due	to the course	(a) and ma	nner ee elek	ad a	
COMPLETED	conduct only) and manner ee stated.
BE	29% SIGNATURE AND TITLE	OF CENTIFIE	" Love					29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED	Munth, Day, Year)
5	30. NAME AND ADDRESS C			JSE OF DEATH (•				7	1111
	Walter H		OF REAL PROPERTY.			.eks	onv	ille	, M	aryla	and			
	DEC 21		The Day	Son- Home	tell									
				TA .										

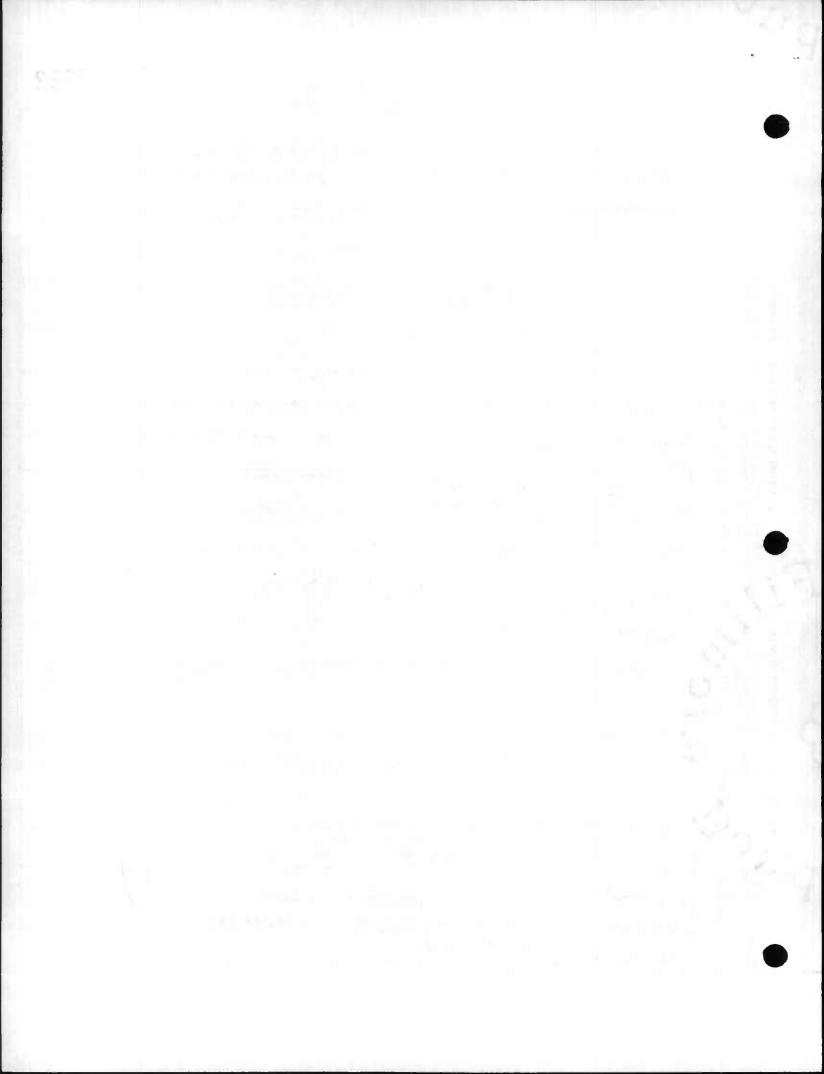
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OH ATTENDIATE PHONICAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	nount with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	22 shound over infinite as ashar bearers offer arrang the medical average mount has additioned at anno
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ALLE	ECTOR	all all	96 4
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		t, Middle, Last)			70n						OF DEATH	DAY	YFAD	3. TIME OF	
l i	Linda	Kay						12)5°	92	8:05			
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	111	MONTHS D	EAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont)	OF BIRTH I, Day, Year)		8. BIR Cou	THPLACE (State ntry)	or Fe
	234-62-4883 90. FACILITY NAME (If not h	_		5	l YRS.	AL 0/7/ 70					t.19	1941		eyser,	W
Œ	Memorial H		96. CITY, TO		land		ATH			1 o co					
2	RESIDENCE OF DE	CEDENT				Cuille	Der	Tanu				AL	lega:	11 у	
DIRECTOR	10a. STATE	10b. COUNT	10c, Cl	Y, TOWN OR L	LOCAT	ION						10d. INSIDE	CITY		
	WV 10a. STREET AND NUMBER		neral			Keys	_					1		1 TYES 2	
RA	нс 84,	•					101.	267				10g. C		WHAT COUNTI	177
FUNERAL	11. MARITAL STATUS	DON 9	12. WAS DECEDER			13. WAS	S DECI	ENDENT C	OF HISPAN	HC ORIGIN	7 (Specify	Yes or No-	14. BA	CE — American	Indi
BY F	1 Never Married 2 X			HAR OR DATES	_ NO	If ye	95, spe	2 XXINO	ın, Mexica	n, Puerto I	lican, etc.)		Ble	ock, White, etc.	
	7 4011/10/24	CEDENT'S EDU		1 100									1	Whit	e
ETE	(Specify on	(Give kind of the Do NOT L	USUAL OCCU work done durir se retired.)	UPATIO	XN st of worldr	ng	16b	KIND OF	BUSINESS/II	NOUSTRY					
1 1	Elementary/Secondary ((0-12)	College (1-4 or 5	+)	Homen	aker						Own	n Hoi	me	
COMPI	17. FATHER'S NAME (First, A	Middle, Last)			3 III - II			18. MOTI	HER'S NA	ME (First, I	Aiddle, Maid	en Sumame)			-
BE C		Albert Strother						M	laxin	e R	1	lalco	<u>lm</u>		
10	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (SI						own, State, 2	Zip Code)		
_	David William Lyon HC 84, Box 9 Keyser, WV 26726														
	20s. METHOD OF DISPOSIT XIX Burlel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	noval from State	cametery	cremetory or	of DISPOSITIO		me of	10/	0./02		LOCATION -			
	21. SIGNATURE OF FUNDRA		CENSEE	7 1111	usii	emeter 22. NAM		O ADDRES		8/92		ntio			_
	13.		I X	4/	1							85 3	S. Ma	ain St.	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	naart fallure.	List only one car	use on aach i	ina.	not enter the	a mod		ing, suci	h as card	liac or re	spiratory a	ser,	Approintervi	7 2
	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injultat infiliated events	tions, ediate ring	a. DUE TO	nt caused the use on sach ill	SEQUENCE C	not enter the	a mod	de of dyl	ing, suci	h as card	liac or re	spiratory a		Appro	7 2
MEDICAL CERTIFICATION	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or inje	tions, politice (ring ury)	a. DUE TO b. DUE TO c. DUE TO	O OR AS A CONS	SEQUENCE O	not enter the	g.	. M	ing, such	l s carc	N N 24a. WAS	AN AUTOPS' ORMEO?	erreat,	Appro	7 2 kimi Bi and
MEDICAL	Shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injected in the cause) that initiated events resulting in death) LAS PART II. Other significations 25. WAS CASE REFERRED TEXAMINER?	tions, solicite ring ury	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	USE ON BECH II	SEQUENCE C	not enter that A C C C C C C C C C C C C C C C C C C	a mod	. M	H W	Part I.	24a. WAS PERF	AN AUTOPS' ORMEO?	erreat,	Approinterval Onset	7 2 kims il Be and
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TED BY PHYSICIAN: MEDICAL	Shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS PART II. Other significates 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2	tions, ediate in in in in in in in in in in in in in	a. DUE TO b. DUE TO c. DUE TO d	USE ON BECK II	SEQUENCE COSEQUENCE CO	OTHER: 4 Nursing BE OF 294	26. PL. 26. INJUNE	ACE OF O	given in	Part I. B Other 28d, DES	24a. WAS PERF 1 VES	AN AUTOPS: ORMEO? 2 □XNO	Y 24	Approinterval Onset	7 2 cim of B and
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or in Shock, or in Shock, or in IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAST PART II. Other significations are supported by the condition of the c	tions, politic property of the	a. DUE TO b. DUE TO c. DUE TO d	Use on anch ii VO V C O (OR AS A CON! SEQUENCE CO SEQUENCE CO SEQUENCE CO Tresulting 3 DOA 28b. Till IN home, farm,	OTHER: 4 Nursing BE OF JURY M 1 street, factory, and at the time,	26. PL. g Honor Law Work Work Law Work Law Law Law Law Law Law Law Law Law Law	ACE OF O	given in EATH (Che seldence) NO	Part I. B Other 28d. DEs 28f. LOC City to the cau	24a. WAS PERF 1 YES Tr (Specify) CRIBE HOT ATTOM (Street For Town, Street)	AN AUTOPS: ORMEO? 2 TANO VINJURY O	Y 24 CCUREO or or Rura	Approintervi Onset Nb. WERE AUTOP AMILABLE PI COMPLETION OF DEATH? 1 YES 2	7 2 kim B and B and OF (
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760, BALTIMORE, MARYLAND 21215-0020	4YSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE LOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic

												7	4	33	023	
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAF ERTIF					MENT	AL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES S. MACKESSY 2. DAI MON										E OF DEATH	NY .	YEAR	3. TH	ME OF DEATH	
	4. SOCIAL SECURITY NUMBE	5. SEX							12	2 14	2 9	72		6.50P		
	218-12-8		1 M 2 F	8. AGE (In yrs. las	YRS.	MONTHS	R 1 YEAR	IF UNDER	MIN.	(Mor	E OF BIRTH oth, Day, Year)	,	6. BIRTI		E (State or Foreign	
	9a. FACILITY NAME (If not ins		67%	08	Tha.		Y, TOWN O				-30-2	_		ry1	and	
DIRECTOR	HANSON RESIDENCE OF DEC	NTER			TERM			AIR			INTY OF E					
EC	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY		
DIF	Maryland	Ann	ne Arunde	21	Baltimore										YES 2 X NO	
AL	10s. STREET AND NUMBER				-		101	. ZIP COD	E			10g. CIT	IZEN OF		COUNTRY?	
FUNERAL	108 - 5th	Avenu	ie					212	225			1	U.S.	Α.		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.					IN? (Specify Yes	or No-	14. RAC	E — An	nericen Indian,	
BY	1 Never Married 2 1 1 3 Widowed 4 1 Divon		IF YES, GIVE V		NO		1 TYES				Rican, etc.)		Spec			
		DENT'S EDUC												V	White	
1	(Specify only	highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done	during mo:		ng	16	Sb. KIND OF BUS	SINESS/IN	DUSTRY			
PLE	Elementary/Secondary (0- 10th Grade	12)	College (1-4 or 5	+)	ecret						A+lan-	tic I	Mine	2. 9	Spirits	
COMPLETED	17. FATHER'S NAME (First, Mic	dolle, Last)			ecre	Jary		18 MOT	HER'S NA	ME /First	Middle, Maiden		WITHE	OX I	obilica	
		J	John Cse	ervek							lorvath	ourneme)				
BE	19a. INFORMANT'S NAME (7)	pe/Print)			b. MAILING	ADDRES	S (Street a	nd Number			mber, City or Tow	n. State. Zi	n Code)			
2	Marilyn G	razian	10		306						Laurel			nd	20723	
	20a. METHOD OF DISPOSITIO		10.000.000	20b. PLACE						DA	TE 20c. LO	CATION -	City or To	own, St	ate	
	1 St Burlal 2 Cremation 4 Donation 5 Other		oval from State	Ceda:	matory or o	ther place	emete	ery		12/	19 Ba.	ltim	ore,	Ma:	ryland	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	,	1	22.	NAME AN	D ADDRE	SS OF FA	CILITY	Francisco 1	How	a D	7		
	Honas	m	2	118111	2/1		eorg				Funeral Balt				21225	
	23. PART i. Enter the dis	10050S, OF 0	omplications the	t caused the de	ath. Do											
	snock, or ne	art fallure	ent only one cau	se on each line).						raido or reapi	iatory ar	1000,	Approximate interval Between		
	immediate cause (Fine disease or condition	DI	Car	1 lama		0/	n	, ,	1		6			Onset and De		
	resulting in death)		DUE TO	OR AS A CONSE	OUENCE O	F	Ju	9	ym	ace				-	1 years	
z	market recommendation and the		h.			/								-		
ERTIFICATION	Sequenticity list condition if any, leading to immed	liate	DUE TO	(OR AS A CONSE	OUENCE O	F):										
S	cause. Enter UNDERLYIN CAUSE (Disease or injur		P													
E	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	OUENCE O	F):										
SER	resulting in death, Exc.		d											_		
- I	PART II. Other significan	nt condition	a contributing to	deeth but not r	resulting	In the U	nderlying	cause (given in	Part I.	24a. WAS AN	AUTOPSY	240	. WERE	AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL											PERFOR			COMP	ABLE PRIOR TO LETION OF CAUSE	
											1 YES 2			OF DE	YES 2 NO	
3										_				• •	ies 2 Memb	
X	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Chi	eck only	one)					
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Nu		• 5 □ Re	esidence	6 🗆 Oti	ner (Specify)					
£	27. MANNER OF DEATH		26a. DATE OF (Month, D		28b. TIM	E OF	28c. INJI	URY AT		28d. DI	ESCRIBE HOW I	NJURY OC	CURED			
BY	1 Natural 5 P	ending restigation				М	1 🗆 Y		□ NO							
		Could not be	28e. PLACE O building,	of INJURY — A1 ho	me, farm,	street, fec	ctory, office	1			CATION (Street e	nd Numbe	or or Rurel	Route N	umber,	
E		etermined														
길			CIAN: To the beat of													
COMPLETED	one) 2 MEDIC	CAL EXAMINE	R: On the basis of e.	xamination end/or	Investigation	on, In my	opinion, de	eath occur	red at the	Ilme, de	te and place, en	d due to ti	he cause(e) and r	nanner as stated.	
ш	296. SIGNATURE AND THELE	OF CERTIFIER							ENSE NUN			29d. DA1	т вканува	(Morgin	I, Day, Year)	
OB	54	R	14).					244	161	145	52	> /	2/10	19	2	
2	30. NAME AND ADDRESS OF	PERSON MIN	COMPLETED CAUS	SE OF DEATH ATE	M 27) (Type	Print)			_				1	_		

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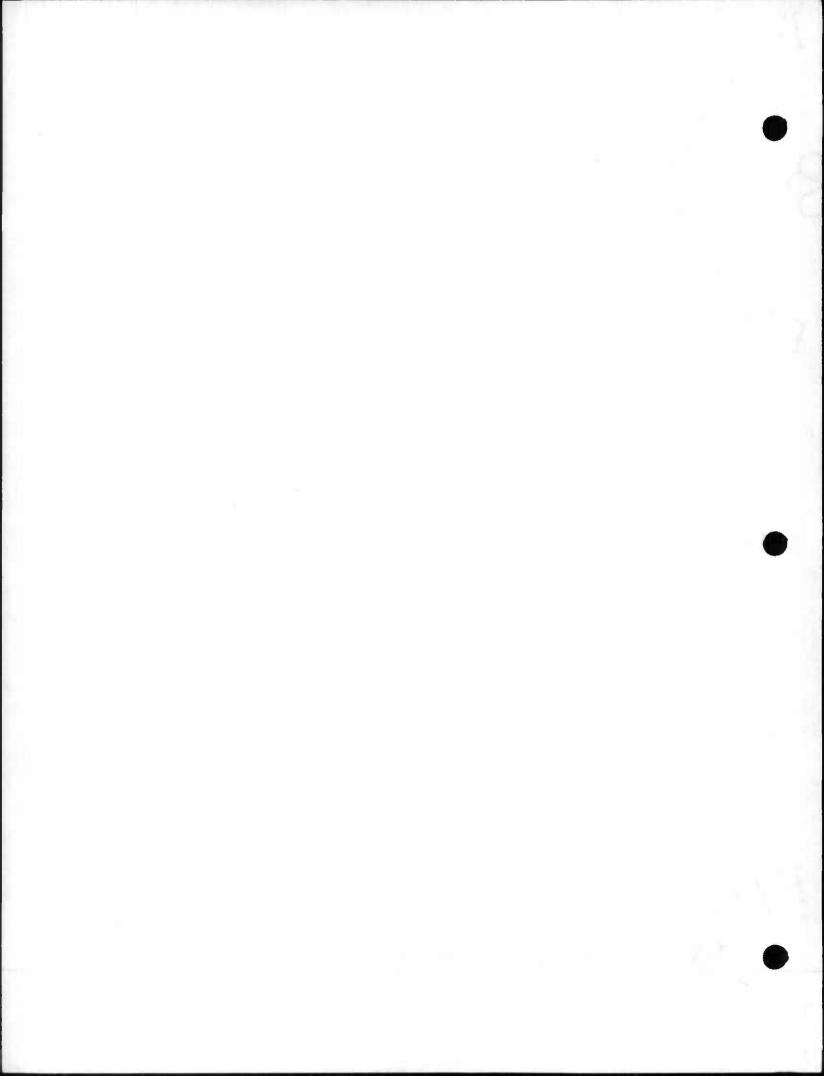
AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DRATH, HIEM 27) (Type, Print)
AND COLOR TO COMPLETED CAUSE OF DRATH, HIEM 27) (Type, Print)
AND COLOR TO COMPLETED CAUSE OF DRATH, HIEM 27) (Type, Print)

102 HEGIGTRAR'S SIGNATURE

31. DATE FILED (Morth, Day, Hair)
DEC 2 1 1992

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permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

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23 shows any injury, or other traumatic event, the medical examiner must be

CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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signed by the attending physician and completely filled I Health and Mental Hygiene prior to bunal, cremation, or

or item

marked,

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-	THE FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	Stad within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH chauley DAY 1972 Dec arceline 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 22022-6043 1 - M 2 KF YRS. 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bon 400 Himore RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION Maryland
100. STREET AND NUMBER Bal more 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE | 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 | YES 2 | NO IF YES, GIVE WAR OR DATES 36 N 212 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yee, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 11. MARITAL STATUS 1 Never Merried 2 Marr 3 Widowed 4 Divorced 2 Mari 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Phillip 14)orseu 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (St per or Rural Route Number, City or Town, State, Zip Code) Woodington 36 Rel ourse Ito, Ma 200 METHOD OF DISPOSITION
1 Burial 2 Cremation
4 Donation 8 Other (Spe 20b. PLACE OF DISPOSITION (Name 20c. LOCATION - City or 3 🗆 R Stan Gnsulle un ner (Specify) RAL SERVICE LICENSES 21. SIGNATURE OF FUN 22. NAME AND ADDRESS OF FACILITY E. H. West 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert fallure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel Cerebrovascular Accident disease or condition resulting in death) Massive DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY Hypertension PERFORMED? 1 YES 2 NO

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: nt 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be 4 Homicide determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER M.D. M.D. 29c, LICENSE NUMBER D41365 29d. DATE SIGNED (Month, Day, Year)

Dec 17, 1992

10. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CALLOT OF DEATH STEM OF CO D. C.	
W. HAME AND AUDIESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITEM 27) (Type, PTIRE)	
George E. Wicks	III Bon Secours	11 12 1
(-TANKAA F MILLEY	THE IDAM SOCOURS	H OCDITAL
CHECKER LIVER	1001 30001 3	II CAPILAL

31. DATE FILED (Month, Day, Year) 1992 2.1

Julia Davidson-handell

35624

2:45 PM

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

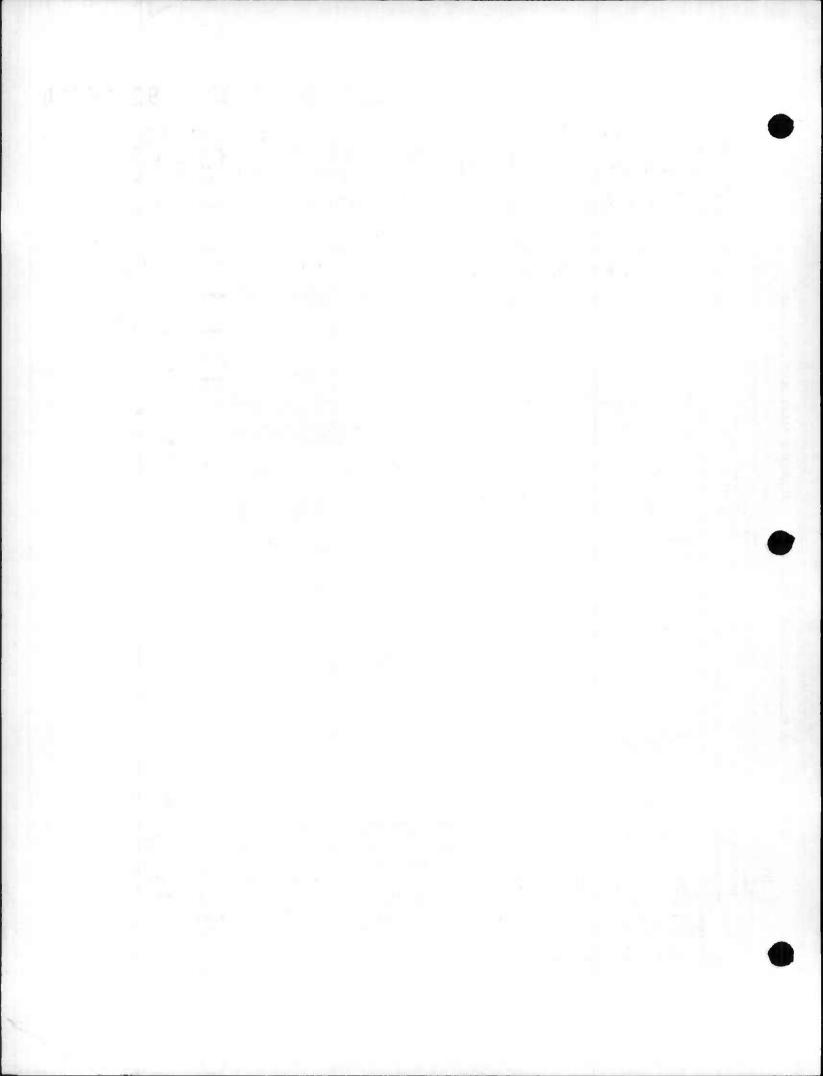
Approximate

interval Bety

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Onset and Death

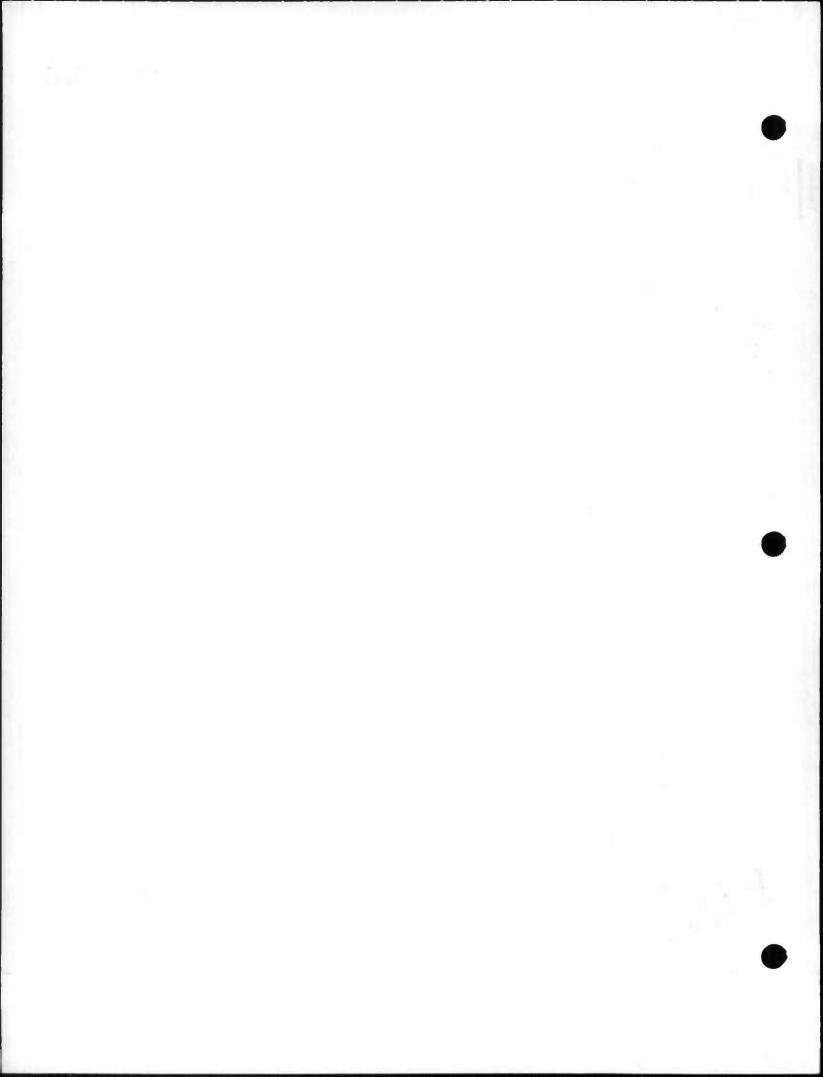


1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

		nedis I nan		Ci	-mill	CATE	JE DEAL	<u> </u>	REG. NO				
	1	1. DECEDENT'S NAME (First, Middle, Last) LaPorche	Т. М	1anning					2. DATE OF DEATH	AV 92	YEAR 3. T	IME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les								М	
_		213-94-5052	1 M 2 F	13	YRS.	IF UNDER 1 YE MONTHS DA		MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 19	79	Country)	CE (State or Foreign	
3 should		9n. FACILITY NAME (If not institution, give s	street and number)			96. CITY, TO	WN OR LOCATE	ON OF DE			Y OF DEATH		
2,	DIRECTOR	Liberty Medical Ce	nter			Balt	imore						
Des 1		10a. STATE 10b. COUNT	Υ			Y, TOWN OR L					10d.	. INSIDE CITY	
ait.		MD 10e, STREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·		Ba	altimore					1)(3)	YES 2 NO	
020 physician. burial-transit permit. Pages 1, 2,	FUNERAL	3904 Hillsdale Road 21207 USA									USA	COUNTRY?	
BALTIMORE, MARYLAND 21215-0020 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the buriat-tran ion, or removal.	B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AR YES 2 NAR OR DATES	MED IO	If yes		n, Mexican	C ORIGIN? (Specify Yes I, Puerto Rican, etc.)	4. RACE — A Black, Whi Specify: Black	American Indien, ite, etc.		
215 atten		15. DECEDENT'S EDU (Specify only highest grade		16e. DE	CEDENT'S	USUAL OCCU	PATION g most of working		16b. KIND OF BU	SINESS/INDU			
MARYLAND 2121 retained by the hospital or atte 5 should be detached for use a notified at once.	COMPLETED	Elementary/Secondary (0-12) 7th	College (1-4 or 5 +	·) #fe.	dent	e retired.)	y most or wonen	v	Camaisan	Middla	Cohoo	1	
AN the hos detach	S	17. FATHER'S NAME (First, Middle, Last)		Ju	uciit		10. MOTI	HED'S NAI	Garrison (First, Middle, Maiden				
MARYLAND retained by the hospit 5 should be detached motified at once.	Luc I	Tony Manning						Betty		Pryor			
MAR retained 5 should	5	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Tow	n, State, Zip C	(ode)		
F, N	-	Betty Lyles		3	904 Hi	illsdale	Road, E	Baltin	nore, MD 2	1207			
ORE of may ector, pa		20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	State cemetery, crematory or other place)						DATE 20c. LOCATION — City or Town, 12/21 Randallstown			
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAM	E AND ADDRES		HUTY	Jaristo	WII	MD	
BALTIMORE, I after death. Page 6 may be by the funeral director, page moval.		> Glades	Wa	ne)	Wm. 4300	C. March Wabash	n F/H, Avenu	West we_Baltimore	e, MD	21215		
B in 24 hours after by filled in by the nation, or removal.		shock, or heart fallure. List only one cause on each line.										Approximata Interval Between Onset and Death	
760, ed within ompletely al, cremar event.		resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
executed within and completely to burial, crematic event.	Z	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):										
De exercise por to	Ĕ	it ally, readily to illillediate	DUË TO	(OR AS A CONSEC	DUENCE OF	7):							
Certificate be ending physician stygiene prior to other traum	2	CAUSE (Disease or Injury	c. DUE TO	(OR AS A CONSEC	DIENCE OF	n.							
D = 5 = 0	ERTIFICATION	that initiated events resulting in death) LAST	d	(OII AS A CONSEC	JOENOL OF	,					į		
S, death he atte	CE	PART II. Other significant condition	ne contributing to	death but not s	neultina l	n the under	lulaa sausa s	alson in I	Seed I Day 1990 And	41PPARAV	1 041 1155		
CORDS, P res that the death ligned by the atten ealth and Mental P rs any Inlury, or	EDICAL	Train an other agriculture	to continuoung to	deeth out not i	esuiting i	ii tile dilaer	lying cause (given in i	Part I. 24a. WAS AN PERFOR		AMAJI	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE	
CO ilres the signed Health	ED								1 YES 2	NO	OF D	DEATH?	
THE THE THE THE THE THE THE THE THE THE	≥								-		1 1 1	YES 2 NO	
ITAL VI: The law icate has the State Dept Item 23	AN	25. WAS CASE REFERRED TO MEDICAL	T				6. PLACE OF D	EATH /Che	ck only one)				
SICIAN: The taw requestions to the State Dept. of t		EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:			B ☐ Other (Specify)				
OF VITAL RECC PHYSICIAN: The law requires this certificate has been sign with the State Dept. of Healt when or Hem 23 shows a		27. MANNER OF DEATH	26a, DATE OF	INJURY	28b. TiMi	E OF 280	INJURY AT	T .	28d. DESCRIBE HOW I	NJURY OCCU	RED		
PHYS PHYS PHYS Physical Physic	٦ <u>۲</u>	1 Natural 5 Pending	(Month, D	ay, Year)	INJ	M 1	WORK?	NO					
ION OI NOING PHYS	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At ho	me, farm, s	street, factory,	office		28f. LOCATION (Street		r Rural Route	Number,	
S affe 8	ш	4 Homicide determined building, etc. (Specify)											
	12	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, de	ath occurre	d at the time,	date and place,	, and due t	to the cause(s) and mai	nner as stated	1.		
AR DE E	COMPLET	One) 2 MEDICAL EXAMINE										manner as stated.	
(WINE	Ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R		1.		29c. LICE	ENSE NUM	BER	29d. DATE S	SIGNED (Mon	ith, Day, Year)	
TO TO THE PARTY OF THE PARTY OF THE PARTY OF TANK	0 8	Jun 5K	an W	S.	CK	an				> 1	2-18	-92	
	۲	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре,	Print)							
		OFC 21 1992	AL DEFENDE	CE Address and	2		 .						
		DEC ST 1995											



1 - FOR STATE REGISTRAR

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ISION OF VITAL RECORDS, P.O. BOX 68760,	THIS DAVCIPIAN.
VISION	ATTENDING S
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		1. DECEDENT'S NAME (First	Middle, Legy)	ET V	1	MC	36A	W			2. DATE O	F DEATH D	5 1	OF TO	3. TIME OF DE	ATH P
_		4. SOCIAL SECURITY NUMBER SALES	5. SEX 8.	d			MYB	IF UNDER	24 HRS. MIN.	7. DATE OF (Month) 4 - 9 -	Day, Year)		a. BIRTH Country S. C	PLACE (State or	Foreign	
2, 3 should	TOR	90. FACILITY NAME (If not in Good Sama)	ritan				96. CITY, TOWN OR LOCATION OF DEATH Baltimore						9c. COUNTY OF DEATH			
Pages 1,	DIRECTOR	nesidence of dec 10. STATE Maryland	10b. COUNTY		10c. CITY, TOWN OR LOCATION Baltimore			ION						10d. INSIDE CIT LIMITS? 1 X YES 2		
insit permit	FUNERAL	100. STREET AND NUMBER 2301 Pentla	2301 Pentland Dr. Apt 412						107. ZIP CODE 21234					U.S.A.		
In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, removal. indical examiner must be notified at once.	B	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	X NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific NO) 11 yes, specify Cuben, Mexican, Puerto Rican, et 1 YES 2 (X) NO Specify:						14. RACE — American Indi Black, White, etc. White			dien,
d for use as	COMPLETED		EDENT'S EDUC highest grade		\dashv	DECEDENT'S (Give kind of life. Do NOT u	work done duri			ng		UND OF BUS				
be detache at once.		17. FATHER'S NAME (First, M Charlie A.	COOK			18. MOTI		ME (First, Mid Hurs			ite					
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firector, page or must be		20e, METHOD OF DISPOSIT: 1 A Buriel 2 Cremetio 4 Donetion 5 Other	CEANDDATE CYEMATORY OF C	AND DATE OF DISPOSITION (Name of mettory or other clace) WOOD Cemetery 12-23-92 Balto., Md.								rn, State				
he funeral di val. I examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											2121			
00 5		23. PART i. Enter the di ahook, or h iMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert failure. I	List only one cause	SIS	deeth. Do		e mod	le of dy	ing, auci	h as cerdia	c or respi	ratory arre	est,	Approxin interval I Onset sr	Between
the attending physician and completely file Mental Hygiene prior to bunal, cremation, njury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										150	ays			
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cate has t State Dept Item 23	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PLACE DF DEATH (Check only one) SPITAL: Sinpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
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X =	COMPL			CIAN: To the best of my											end manner ee	stated.
TO THE WATER OF THE PARTY IN TH	TO BE	29h, SIGNATURE AND TITLE	m) Hou	5654	att			29c. LICE	NSE NUN	IBER		29d. DATE	SIGNED	Month, pay, Year, 20 96	3
		ANA MAR	TE D	COMPLETED CAUSE	60	XXX 4	Print)	RI	TAN	1 1	10591	M				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 2121	
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DIVISION OF VITAL RECORDS, P.O. BOX 687

FINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit in	o burial, cremation, or removal,	matic event, the medical examiner must be notified at once.
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	I THE WHERAL DIRECTOR; After this certificate has been signed by the attending phy	with the first of the state death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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PHYSICIAN: MEDICAL CERTIFICATION

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92 35627 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR John Manning 1992 Henry 12-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | F 213-01-4131 Month, Day, Year) 3-30-1916 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21222 U.S.A. 7305 Martell Avenue 12. WAS DECEDENT, EYER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify: 3 🛚 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 5th Grade Pipe Insulator Union Local 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Manning Pauline Meisinhelter 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Doris H. Isenhart 1112 A Slagel Road Rd 1 Spring Grove, PA 17362 20a. METHOD OF DISPOSITION

XIX Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Oak Lawn Cemetery 12/21/92 Baltimore. Maryland 21. SIGNATUSE OF PINERAY SERVICE 22. HAME AND ADDRESS OF FACRITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave., Dundalk, Maryland 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line. intarvai Betw IMMEDIATE CAUSE (Finei Onset and Death disease or condition ardiae arres resulting in death) DUE TO (OR AS A CONSEQUENCE OF): oronary Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dat one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,		
96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Studion HaoThelines	1016362	12/18/92

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SHELDON H. GOTTLIEB, MD 4940 EASTERN AVE BACTIMORE, MO 31. DATE FILED (Month, Day, Year) 1992

32. REGISTRAN'S SIGNATURE

DEC 21

3 Suicide

4 Homicide

6 Could not be

261, LOCATION (Street and Number or Rural Route Number, City or Town, State)

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending physician.	r, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		st be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIN	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainsit permit. Pages 1, 2, 3 should	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	SHIP MORE	DAKE RUSE	e filed within	MPORTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		2 00010
	1. DECEDENT'S NAME (First, Middle, Last) MARY	R. M.	ELLE	577.	1.0	0 9	3. TIME OF DEATH 2 45AM
	214-74-4776	1 🗆 M 2 🛛 F 94	YRS. MONTH	3 22 320 1	7. DATE OF BIRTH (Month, Day, Year) 4/26/9		BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give stre GOOD SAMARITAN HOSE RESIDENCE OF DECEDENT		2.77723.7	ALTIMORE, MD	DEATH	9c. COUNTY	OF OEATH
DIRECTOR	MD 10a, STATE 10b, COUNTY			N OR LOCATION ALTIMORE CITY			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	3918 OLD YORK ROA	√D		10f. ZIP COOE	21218	USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWIdowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		II. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 WHO Speci	an, Puerto Rican, atc.)	s or No 14.	RACE — American Indian, Black, Whita, arc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 4th grade	ATION 16st Ornpleted) 16st College (1-4 or 5 +)	Give kind of work do	ne during most of working d.)	16b. KIND OF BU	SINESS/INDUS	TRY
	17. FATHER'S NAME (First, Middle, Last) MICHAEL FLYNN		TIONETAR	18, MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) HELEN ORZEWICZ			ESS (Street and Number or Rural AUSMIER ROAD)			
	20e, METHOD OF DISPOSITION 1 Street Burlet 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)	rai from Stata cemeter)	ACE AND DATE OF DISP	OSITION (Name of	DATE 20c. LO	CATION — City BALTIMO	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICES	i Doda	_	2. NAME AND ADDRESS OF F. CHARLES L. ST 1501 E. FORT	KOLITY EVENS FUNE AVENUE, BA	RAL HOI	ME, INC.
	23. PART 1. Enter the diseases, or conshock, or heart feiture. Li IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.	mplications that caused the et only one cause on each	iine.	ter the mode of dying, sur	ch as cardiac or resp	iratory srrest	Approximate interval Between Onset and Death
NO	Sequentially list conditions,	DUE TO (OR AS A COL	NSEOVENCE OF):		ant fe	relu	ne
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A COI	,				
ERTIF	that initiated events resulting in death) LAST	OUE TO (OR AS A COI	NSEOVENCE OF):				
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death but n	not resulting in the	underlying ceuse given in	Part i. 24a. WAS AN PERFO!	PMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, street, f		281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,
COMPLETED		AN: To the best of my knowledge On the basis of examination and					use(e) and manner as stated.
TO BE C	296. BIGMATURE AND TITLE OF CERTIFIER	WO-	MO	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year) 2 /25/92
	JOHN ADAO	GODD 8AM	1 408P	. 3601 L	OCH RAI	RANGE	But.
	DEC 2 1 1992	A. RESIDTRAR'S SIGNATUR	Jall.				

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within 2	pletely	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH HARVEY MONTH YEAR LEE MAYBIN 6.000 92 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIFITH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 50-16-460 1 M 2 | F South+ 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH ST AGA 65 Hospita Baltimore 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MD 1 YES 2 NO timor 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ABBINGton 21229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 HO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri 3 Wildowed 4 Diverced specific Black 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
We. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Baltimore Cooper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Maybin Oraball Byrd 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21229 19a, INFORMANT'S NAME (Type/Print) Gladys Maybin North Abington Ave Baltimore, MD 20a, METHOD OF DISPOSITION
| Burial 2 | Cremation 3 | Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 8 Donation Other (Specify) Loudon Park Baltimore, MD 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter funeral Homes Ind 2501 Gwynns Fa Baltimore, MD Falls Parkway MD 21216 woman 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition 4ND STAGE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BESPIRATORY Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

					1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Check only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL:	3 DOA	OTHE	R: Irsing Home 5 - Residence	8 Other (Specify)	
27, MANNER OF DEATH Stural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	284. DEŞCRIBE HOW INJURY OCCU	RED
3 Suicide S Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, fac	ctory, office	28f, LOCATION (Street and Number or City or Town, Street	Rural Route Number,

29a. CERTIFIER ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

	MEDICAL EXAMINES.	THE CESIS OF EXAMINATION STRUCK	or investigation, in my opinion, c	leath occured at the time, d	sata and place, and dua to	o the cause(a) and manner	ee stated.
96. SIGNATURE	AND TITLE OF CERTIFIER			29c, LICENSE NUMBER	29d F	ATE SIGNED (Month Day	Manch

296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Old alshi RESIDENT	DHY CI CIAN	11-10 1158 1655	12/10/90

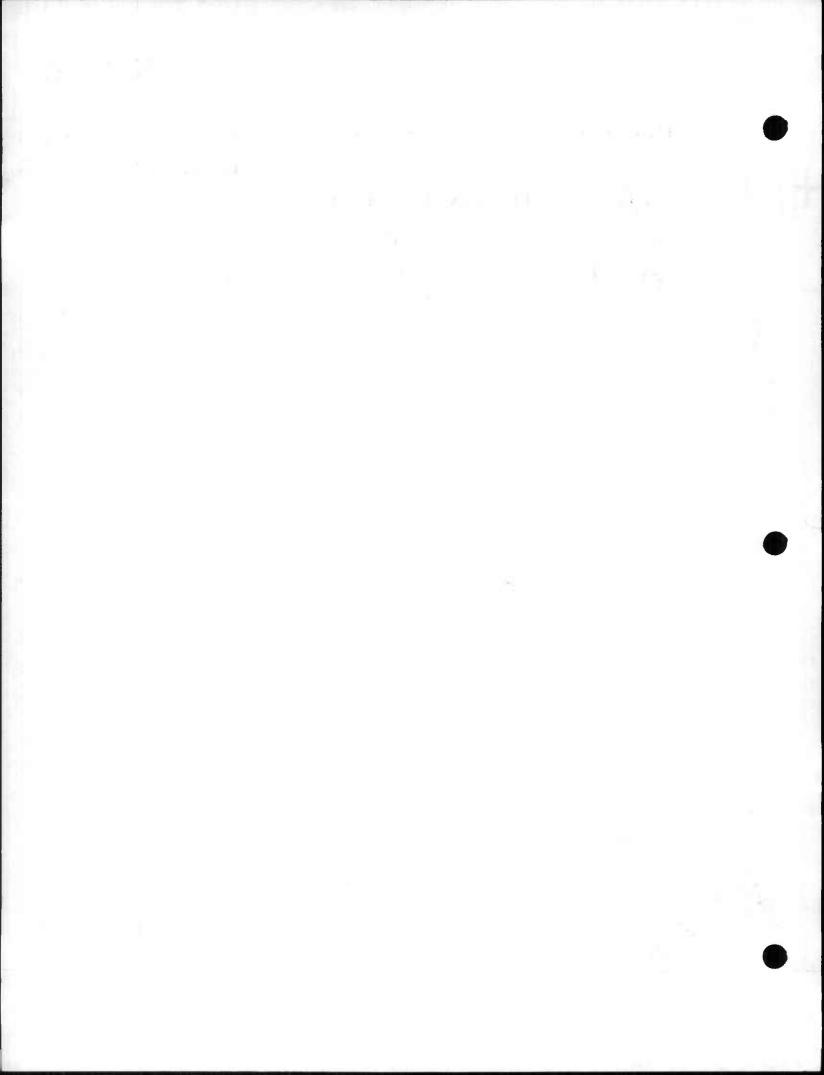
O GOE P	0-17-0-1	1) (3) -1.1. 146	178. MICE	SVIZED	1010	174
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)		m D	2122	a
PR CHARLES	ALAKIJA	STAGNE	HOSP.	-	- /	
31. DATE FILED (Month Day Year)	A 12 DECISTRAD'S SIGNATURE)		

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DIVISION OF VITAL RECORDS, P.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	ours after death with the State Dept, of Health and Mertal Hygiene prior to burial, cremation, or removal.	DRIANT if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) DGERALD 2. DATE OF DEATH MONTH 3. TIME OF DEATH_ GABRIEL MAZER 82 40 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 215-14-4382 1 X M 2 - F 70 12/10/1922 MARYLAND Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND 1 X YES 2 | NO 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6106 EASTCLIFF DR. 21209 USA

FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	UII ADME	T 40 HM 0 D 0						
	1 Nover Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)								14. RACE — American Indian, Black, White, etc.	
à∣	3 Widowed 4 Divorced	WWI:		1 U YES	NO Specify:			Specify: WHITE		
	15. DECEDENT'S EQU	UAL OCCUPATION	CUPATION 166. KIND OF BUSINESS/INDUSTRY							
COMPLET	Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of work done during most of working life. Do MOT use retired.)								
를		2	OWNER			JEWELRY				
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၉	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout		n, State, Zip C	Code)		
7	MRS. BETTY MA				FF DR. BAL		21209			
-1	40er METHOD OF DISPOSITION 4⊕ Burlal 2 □ Cremation 3 □ Rem	oval from State 20t	PLACE AND DATE OF E	place)			CATION — CH		115.25	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIX	OCHURE O	ARLINGTON		UK AMUNO)		2 BA	ALTO.,	MD	
-1	21. SIGNATURE OF FUNERAL SERVICE EN	D			EVINSON &		NC.			
	Canon	- Durno	on	6010	REISTERTOW	N RD. B	ALTO.	, MD	21215	
	23. PART i. Enter the diseases, or a	complications that ceuse List only one cause on a	the deeth. Do not	enter the mo	de of dying, such e	cardiac or reep	iratory erres	st,	Approximate	
	IMMEDIATE CAUSE (Finei				- 1 : /	110		ĺ	Onset end Death	
ĺ	disease or condition resulting in death)	· CATCO	MOOMA	Of	- LU	NY		!		
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	that initiated events resulting in death) LAST							į		
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Σ						.		1 🗆	YES 2 NO	
ä								1		
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PI THER:	ACE OF DEATH (Check	only one)				
2	1 YES 2 NO	1 Inpetient 2 ER/Outs 28s. DATE OF INJURY	etlent 3 DOA 4	Nursing Hom	e 5 🗆 Residence 6 🗆					
PHY	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	/ WC	RK?	d. DESCRIBE HOW	NJURY OCCU	RED		
	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	— At home form stre		/ES 2 NO	4 1 004TION (0				
9	4 Homicide 6 Could not be	building, atc. (Spec	effy)	st, factory, offic		f. LOCATION (Street City or Town, State)	ina Number of	r Huriii Houte I	vumoer,	
<u> </u>	29e. CERTIFIER			27			=======================================			
COMPLE		CIAN: To the best of my know R: On the basis of examination								
3	29b. SIGNATURE AND TITLE OF CERTIFIE		- and investigation, i	n my opinion, o						
뷞	290. SIGNATURE AND TITLE OF CENTIFIES	10			29c. LICENSE NUMBER	333	29d. DATE 5	SIGNED (Mont	h, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH STEM 270 (See Out	met).	121-	, , ,	11	-17.	, ,	
		BCGH, 13	ALTO-	MO	21133					
	31. DATE SILED (Month Day, Year)		ATURE	1009	2					
	UEU Z 1 1992	AME DANGSON	fandell							
			*							

BALLIMORE, MARYLAND 21203-3146	rSIGIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be refained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOST IN OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	D THE VETAL OFFICIAL RITER THIS CERTIFICATE has been signed by the attending physician and completely 1 to the state Dept. of Health and Mental Hygiene prior to burial, cremation	MPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

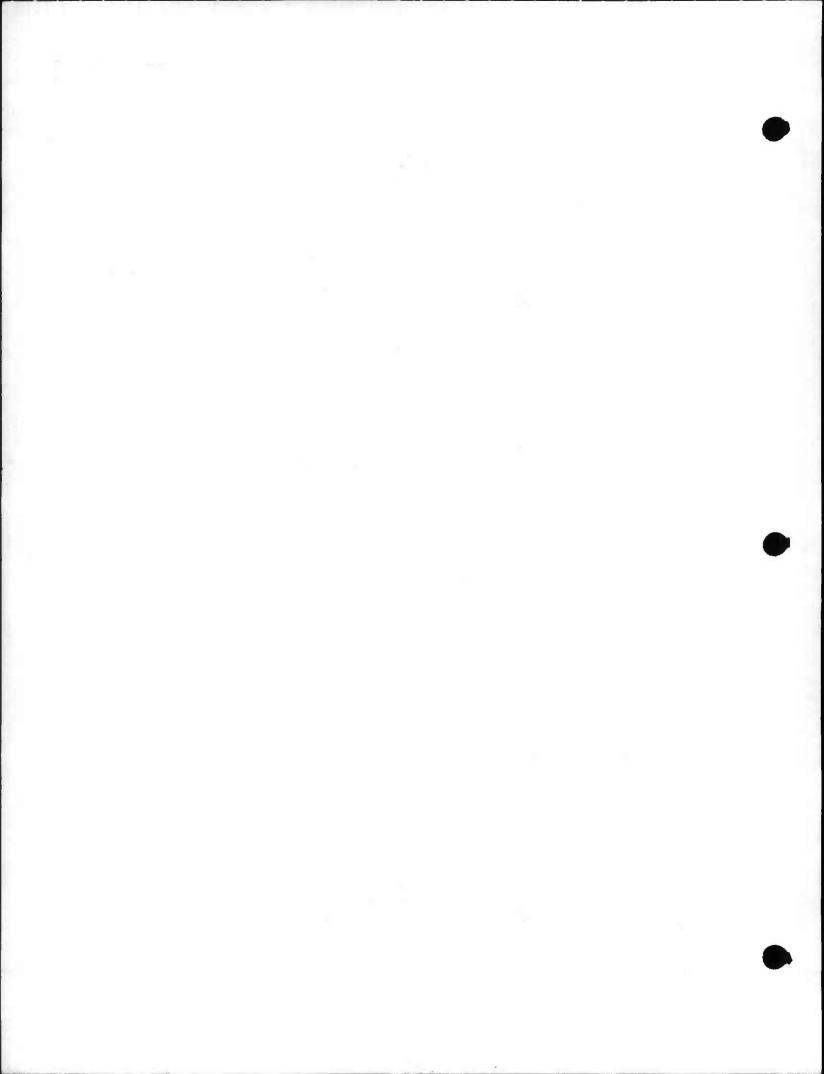
	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Randall	ade McQueen			2. DATE OF DEAT MONTH	DAY	YEAR	3. TIME OF DEATH
	AHODAII INC	3000			12-	13-	72	1247 17 "
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 246 04 9355 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You DEC. 17	1960	8. BIRTH	IPLACE (State or Foreign (Y) LOXI, MISS.
							INTY OF D	
~	9s. FACILITY NAME (If not institution, give street and number)	91		OR LOCATION OF DE	ATH			
Ö	Howard County Hospital		Colu	nbla		Н	lowar	d
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY	100 CITY T	OWN OR LOCA	TION				10d. INSIDE CITY
2			OWN ON LOG					LIMITS?
	Maryland Prince George	es Lai	ırel					1 TYES 2 NO
¥	10s. STREET AND NUMBER		10	H. ZIP CODE	0700			WHAT COUNTRY?
6	8243 Mary Lee Lane				0723	U.	S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1			CENDENT OF HISPAN pecify Cuban, Mexical			14. RAC	E — American Indian, k, White, atc.
	IF YES, GIVE WAR			S 2 XNO Specify		,	Spec	ellv:
В	3 Wildowed 4 Divorced							White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPAT	ION ost of working	16b. KIND OF	BUSINESS/IN	IDUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use n	etired.)					
P P	5+	Electrica	al Eng:	ineer	Labor	atory	Rese	arch
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Ma	iden Sumame)		
	Marshall Thomas McQueen			Hattie	Clafton	Boyle	S	
BE	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING AC	ORESS (Street	and Number or Rural F	Route Number, City o	Town, State, Z	ip Code)	
2	Marshall Thomas McQueen	Box	93		Norma	n. NC	28	367
	20s. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITI	ON (Name of c	ematery, crematory or		LOCATION -		
	1 XBurlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Concord Ur	1					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ADDRESS OF FA	CILITY	RICHMO	nd C	O., NC
	D2-19X	210				ce Fa	11c	Church, VA
-	Henry XXX	ruens						
	23. PAHT I. Enter the diseases, or complications that c shock, or heart fellure. List only one cause	on each line.					rrest,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	MANCHY (M.	1 7	0				1/
	resulting in death) e. 100 V	R AS A CONSPOLIENCE OF	20/15	n, 50	rspichT			1 outer
		, , , , , , , , , , , , , , , , , , , ,						
CERTIFICATION	Sequentially list conditions, Due to (or	R AS A CONSEQUENCE OF):						
AT	If sny, leading to immediats cause. Enter UNDERLYING							
FIC	CAUSE (Disease or lokury C.	R AS A CONSEQUENCE OF):						
Ē	resulting in death) LAST							
Ä	d							+
	PART II. Other significant conditions contributing to de	eath but not resulting in	ths underlyl	ng cause given in		S AN AUTOPS	7 24	b. WERE AUTOPSY FINDINGS
2	lypertension					RFORMED?	- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED					_ ' ' '	2 S TXHO		OF DEATH?
Σ					—			1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		20.					
PHYSICIAN: MEDICAL	EXAMNER? HOSPITAL: . /		THER:	PLACE OF DEATH (Ch	eck only one)			
YS				me 5 Residence				
H	27. MANNER OF DEATH 28e. DATE OF IN (Month, Day.		Y V	JURY AT	28d. DEŞCRIBE H	OW INJURY O	CCURED	
BY	2 Accident investigation			YES 2 NO				
	6 Could not be building, etc	INJURY — At home, farm, stri c. (Specify)	et, factory, off	ice	281. LOCATION (S City or Town,		er or Rural	Route Number,
TE	4 Homicide determined							
2	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge, death occurred	at the time, de	ta and place, and due	to the cause(s) an	d manner as s	tated.	
COMPLETED	One) 2 MEDICAL EXAMINER: On the basis of axas	mination and/or investigation,	In my opinion,	death occured at the	time, data and pla	ca, and due to	the cause	(a) and menner as stated.
	291 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MRED	294 D	ATE SIGNE	D (Month, Day, Year)
BE	100			DALL	245	250.0		-13-92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH OTHER AND CO.	eleve).	1 07	217		100	.5 / 2
	11/1		1	0	1. /	va d		7.
	Charles E 1241 or m)		ra D	INI CNI	contes	· · · · · ·	210	7-3
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	s signature						
		1 1 1						

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31. DATE FILED (Month, Day, Year)

DEC 2.1 1992

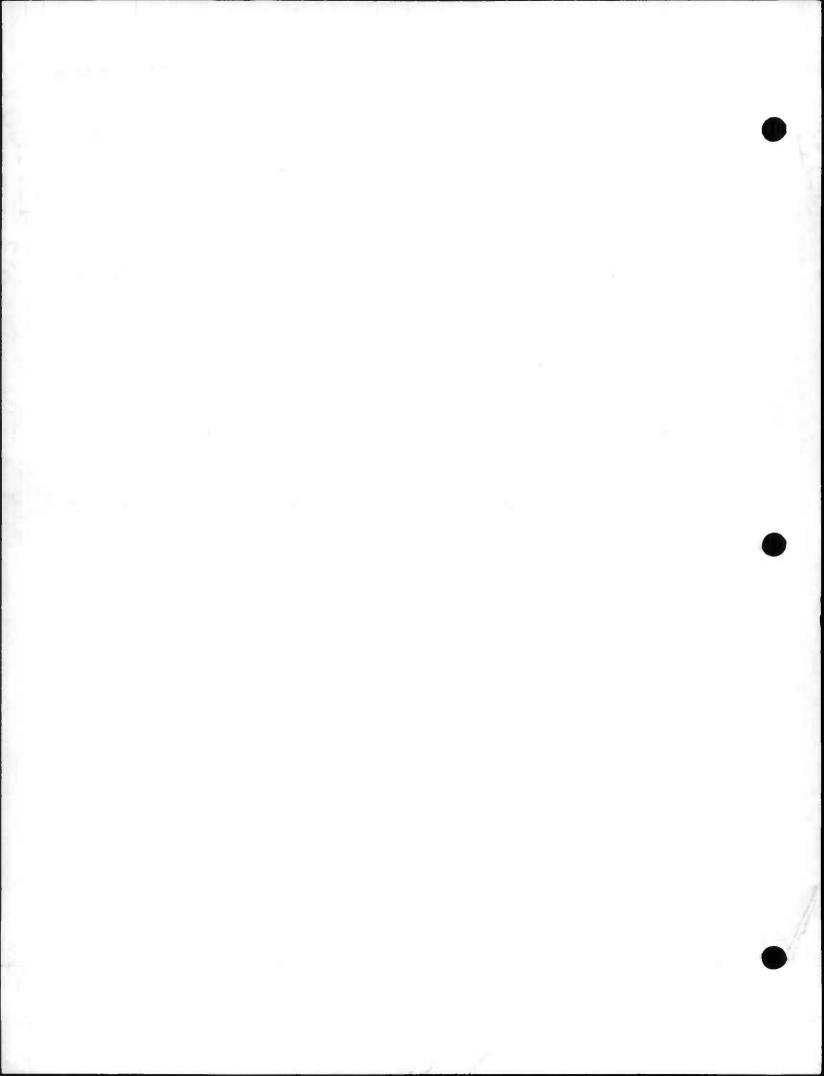
1 1	REGISTRAR	CERTIFICATE (REG. NO.			
3	1. DECEDENT'S NAME (First, Middle Last) Mildred Nitteraue			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 2 10:30 A	
Ÿ	4. SOCIAL SECURITY NUMBER $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		FAR IF UNDER 24 HRS. NYS HOURS MIN.	7. DATE OF BIRTH (Month, Day Har)	_	BIRTHPLACE (State or Foreign Country) Ireland	
8	9a. FACILITY NAME (if not institution, give street and number)	9b. CITY, TO	WN OR LOCATION OF DEA	ATH /	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN OR L	OCATION OCATION	119111)	1110	10d. INSIDE CITY	
	Maryland Montgomery	Silver				1 YES 2 NO	
FUNERAL	2700 Barker Street	101. ZIP CODE 20910				U.S.A.	
COMPLETED BY FUR	11. MARITAL STATUS 1. Never Married 2 Married Wildowed 4 Divorced 12. Was DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	TÁÒ If yo	DECENDENT OF HISPANI a, specify Cuban, Mexican YES 2 NO Specify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. SpecWhite	
	(Specify only highest grade completed)	DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)	PATION og most af working	16b. KIND OF BUS	INESS/INDUS	TRY	
MPL	0	Homemaker		own hom			
BE CO	17. FATHER'S NAME (First, Middio, Last) George Milligan		Mary E				
10	Elizabeth Miller	3604 Heath	neet and Number or Rural Roller Court,	Alexandr	ia, Va	a. 22310	
1	KLXBurial 2 Cremetion 3 Removal from State cemetery.	CEAND DATE OF DISPOSITIO crematory or other place)		1		or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Mem. Park ME AND ADDRESS OF FAC S-Pearsor	ILITY		n, Pennsyl	
	Fina D. M. Clain	Arl	ington, V	'irginia	2220	L	
	23. PART I. Enter the diseases, or complications that caused the shock, or heert failure. List only one cause on each is iMMEDIATE CAUSE (Final disease or condition resulting in death)	Ine.	rest	_		Approximate Interval Betwo	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		hear	t due	ay	,	
ERT	0.						
MEDICAL	PART II. Other significant conditions contributing to death but no	ot resulting in the under	lying cause given in F	Part I. 24a. WAS AN A PERFORI	WED?	AMAILABLE PRIOR TO	
SICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not contribute to contributing to death but not contribute to contributing to death but not contribute to contributing to death but not contribute to	OTHER:	lying cause given in F	PERFORM 1 YES 2	WED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 289. DATE OF INJURY (Month, Day, Year)	3 DOA OTHER: 4 Nursing 28b. TiMe OF 1NJURY	6. PLACE OF DEATH (Check Home 5 Residence 6 NINJURY AT WORK?	PERFORM 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 1 PROPITAL: 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year)	3 DOA 4 Nursing 28b. TiME OF HUJURY M 1	66. PLACE OF DEATH (Check Home 5 Residence 6 :. INJURY AT WORK? YES 2 NO	PERFORM 1 YES 2 ck only one) 5 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1	3 DOA OTHER: 3 DOA 4 Nursing 28b. TIME OF INJURY M 1 home, ferm, street, factory, death occurred at the time,	### Residence 6 INJURY AT WORK? YES 2 NO Office	PERFORM 1 YES 2	JURY OCCUR	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED ED	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1	3 DOA OTHER: 3 DOA 4 Nursing 28b. TIME OF INJURY M 1 home, ferm, street, factory, death occurred at the time,	### Residence 6 INJURY AT WORK? YES 2 NO Office	PERFORE 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street er City or Town, State) of the cause(e) and many ima, date and place, and	MED? NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis-of-exaministion and/	3 DOA 4 Nursing 28b. TIME OF 28c HNJURY M 1 home, ferm, street, factory, death occurred at the time, for investigation, in my opinis	## 16. PLACE OF DEATH (Check Home 5 Residence 6 INJUSTY AT WORK? YES 2 NO office date end place, and due toon, death occurred at the toon.	PERFORM 1 YES 2 Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street er City or Yown, State) to the cause(e) and manufama, date and place, and SER	JURY OCCUR ON NO NO NO NO NO NO NO NO NO	AMAILABLE PRIOR TO COMPILETION OF CAUS OF DEATH? 1 YES 2 NO Rural Route Number,	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremitation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it of fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumat

31. DATE FILEO (Month, Day, Year) DEC 2.1 1992

	1 - STATE REGISTRAR	STATE OF MAR			RTMENT OF			MENTA	L HYGIEN	IE	J	5633
	1. DECEDENT'S NAME (First, Middle, Last) MARGO OLSEN	(MARG		ITE	OLSEN)		2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. las	st hirthriau)	IF UNDER I YEAR	IE IMPE	R 24 HRS.	7 DATE	OE BIRTH	-/	92	11:10 M
-	219-38-1433	1 □ M 2 🂢 F	1 M 2 F 82 YRS. MONTHS DAYS HOURS MIN.			Jan. 29, 1910 8. Birthplace (Quinty) Jan. 29, 1910 Newar		wark, N.J.				
	9a. FACILITY NAME (If not institution, give a				9b. CITY, TOWN					9c. COUN	TY OF E	DEATH
DIRECTOR	CHURCH HOSPITAL - 21231				BALTI	MORE	CI	ry ——				
Ä	10e. STATE 10b. COUNT				Y, TOWN OR LOC	ATION						10d, INSIDE CITY
a	Maryland			:	Baltimo	re C:	ity					YES 2 NO
UNERAL	100. STREET AND NUMBER 201 N. Broadw	er Ant	21 D		1	DI. ZIP COD	1231			10g. CITIZ		WHAT COUNTRY?
Z	11. MARITAL STATUS									L.,		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 24	NO	If yes, s		nn, Mexica	in, Puerto	N? (Specify Ye Rican, etc.)	s or No—		E — American Indian, k, White, etc.
0	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DE	CEDENT'S	USUAL OCCUPAT	ION	ina	168	. KIND OF BU	SINESS/IND		
COMPLET	Elementary/Secondary (0-12) High School Grad	College (1-4 or 5+)	///e	. Do NOT us	ewife	ost or work	· ·y		a	t Hom	e	
NO.	17. FATHER'S NAME (First, Middle, Last)					18 MOY	HER'S MA	MF (First	Middle, Maiden		_	
Ш	Edward	Wa	aite			10.0			eth		ards	son
m	19a. INFORMANT'S NAME (Type/Print)			h MAII ING	ADDRESS (Street	and Numbe						-18707
2	Mr. Clyde Waite	Olsen										Top, Penns
	20a. METHOD OF DISPOSITION 1		20b. PLACE	ANDDATE	OF DISPOSITION /	lame of						wn, State Md21202
	4 Donation 5 Other (Specify)		freen	Mou	nt Crem							Md21202
	21. SPORATURE OF FUHERAL SERVICE LE	Dans	lev.	h					Sons,			Md21213
	23. PART I. Enter the diseases, or	complications that cau	sed the de	ath. Do r								Approximate
	snock, or heart fellure.	List only one ceuse or	n each line) .								Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DWSR CASTROLNTSTINTSTINTSTINTSTINTSTINTSTINTSTINTST							Onset and Death				
		DUE TO (OR A	S A CONSE	QUENCE O	PLED WYS	2	C1/45	TROI	NTST-	TINA	L	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate D. Park A. U.S. SEPTUS SUDJE I STANDER I STANDER OUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSE	QUENCE O	F):							
F	resulting in desth) LAST	d.										
2	PART II. Other circuitional and distant											
MEDICAL	PART II. Other significant condition		n but not r	resulting	in the underlyl	ng cause	given in	Part I.	24a, WAS AN PERFOI	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä												OF DEATH?
ž												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	LACE OF C	EATH (Ch	eck only or	ne)			
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3	□ DOA	OTHER:	me 5 🗆 R	esidence	6 🗆 Othe	er (Specify)			
РНҮ	27. MANNER OF DEATH	28e. OATE OF INJUR (Month, Day, Yes	TY	28b. TIM	E OF 28c. II	JURY AT			SCRIBE HOW	NJURY OCC	URED	
ВУ	1 Netural 5 Pending	(Month, Day, rea	ir)	ING		ORK? YES 2[NO					
D B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	JRY — At ho	me, ferm, i	street, factory, off	ca		281, LOC	ATION (Street	and Number	or Rural I	Route Number,
ш	4 Homicide determined	building, etc. (S	эрөспу)					City	or Town, State			
3	29a. CERTIFIER	CIAN: To the heet of my kr	rowledge de	ath annum	ad at the time of	and de-					×.	
COMPLET		CIAN: To the best of my kr R: On the basis of axamina										n) and manner as stated,
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	R		_		29c. LIC	ENSE NUI	WBER		29d, DATE	SIGNED	(Month, Day, Year)
0	120 my					03	69-	74		▶ 1	210	7192
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	OEATH (ITE	M 27) (Type,	, Print)		2	, ,			1	
		Atulon	1 ~	~s	(30)	NB	12-5Y	77°	men	BA	2	Month, Day, Yber) 7192
	31. DATE FILEO (Month, Day, Year)	182. REGISTRAR'S SI	GNATURE .	1.00	-		-,	_				
	DEC 2.1.1992	Davidson	~- Hand	سالاليم								



OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

a Bavidson

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 X NO

14. RACE — American Indian, Black, White, etc.

astern Ave.

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

1 | YES 2 | NO

8. BIRTHPLACE (State or Foreign

	permit.	
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	or use as the bu	
	100	
	detached for use	
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	or, page 5 should b	
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	sician and completely filled in by the	ior to burial, cremation, or
	and	Ž
	sician	or or to

FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	· ·	1. DECEDENT'S NAME (First, Middle, Last James Hei	ru 0'700.	le	_		MON	20	92 YEAR	3. TIME OF DEA
		4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birt		YEAR IF UNDER 2	4 HRS. 7. DATE	E OF BIRTH	8. BIF	ITHPLACE (State or F
pin		2/6=/0=3636 9a. FACILITY NAME (If not institution, give	1 M 2 F	75 ·	/RS.			29 17		Md.
2, 3 should	OR	7011 Gough Str	as two od							
Pages 1,	DIRECTOR	10a. STATE 10b. COUN		10	c. CITY, TOWN OR					10d. INSIDE CIT
permit. F		10e. STREET AND NUMBER	Cas						On CITIZEN O	1 YES 2 THE THE THE THE THE THE THE THE THE THE
tisi	VERA	7011 Gough Str	reet			2/22	4		u.s.	
Z 13-00Z0 attending physician. se as the burial-fransit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	FORCES? 1 YES 2 NO If yes, apo		AS DECENDENT OF yes, specify Cuban, YES 2 XONO	NISPANIC ORIG Mexican, Puerto Specify:	IN? (Specify Yes or Rican, etc.)	81	ACE — American Indeck, White, atc.
attendir	E	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(Give la	ENT'S USUAL OCC	CUPATION ring most of working	16	b. KIND OF BUSIN	ESS/INDUSTRY	
poital or	PLET	Elementary/Secondary (0-12)						Martin-	Marie	tta (orp.
e de la	COMP	17. FATHER'S NAME (First, Middle, Last)						, Middle, Maiden Sur		C
rained by should be	BE	Henry O'Toole 194. INFORMANT'S NAME (Type/Print)	<u> </u>	405.10	W WO ADDRESS (Street and Number o		e Doyle		
5 5 5	임	Clara L. 0'Tool	70		h Street					
6 may be ector, page must be		20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	DATE OF DISPOSIT	DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State						
ALLIN r death. Page toneral din al. examiner	À	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							14	
		· Charle	D. Je	le	Cha	urles S.Z	Zeiler	& Son In	ic. Ear	tern Ave
in by remo		23. PART i. Enter the diseases, or ahock, or heart fellure	LIST ONLY ONE COLICE	on each line	Do not enter th	he mode of dyin	g, such as ca	rdiac or respirat	ory arreat,	Approxim
10 m		iMMEDIATE CAUSE (Final disease or condition	HEP	ATORE	n(A)	SYNA	0011			Onset an
ted within completely ial, cremati, t		resulting in death)	OUE TO (O	R AS A CONSEQUE	ICE OF):	- 1112	rcom	<u> </u>		a w
executed and com o bunial, matic ex	NO	Sequentially list conditions,	b. JDIO	PATH (C	C I	AL SYNDROME CIRRHOSIS				
ysician prior t	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c							
ding ph lygiene	ERTIFI	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUEN	ICE OF):					
death e atten lental H	O	DART II ON A STATE OF	d							
that the bd by th and N and Inj	DICAL	PART II. Other significant condition	rellitus	to De	Iting in the undi	ariying cause gi	ven in Part i.	24s. WAS AN AU PERFORME	07	4b. WERE AUTOPSY I MAILABLE PRIOR COMPLETION OF
sign Healt	MED			1				1 🗀 YES 2/🗅	NO	OF OEATH?
as t as 23	AN:		T							
E 22 5	SICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 f	OTHER:	26. PLACE OF DEA				
PHYSICIA this certi with the	PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF IN (Month, Day,	JURY 28		Bc. INJURY AT WORK?	-	EŞCRIBE HOW INJU	JRY OCCUREO	
DING PHYS After this death with	B	1 Natural 5 Pending 2 Accident Investigation		N HJDV — At home	M form almost forten	1 YES 2		PATION (O		
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Six tem 28 is marked, or It LETED BY PHYSIS		3 Suicide 6 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Rout City or Town, Stete)							Il Houte Number,	
- E E ∞ 81	\vdash	1 Indinicios determined								
Pin Dist	ш	29a. CERTIFIER (Check only 1	SICIAN: To the best of m	knowledge, death o	occurred at the time	e, date and place, a	and due to the c	ause(e) end manne	r as stated.	
TAL OR TAL DIRI 72 hour	ш	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	NER: On the beels of exam							e(e) and manner ee
POR POR	\vdash	29a. CERTIFIER (Check only	NER: On the beels of exam			nion, death occurse		te end place, and d	ue to the ceus	e(e) and manner ee ED (Monin, Day, Year

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

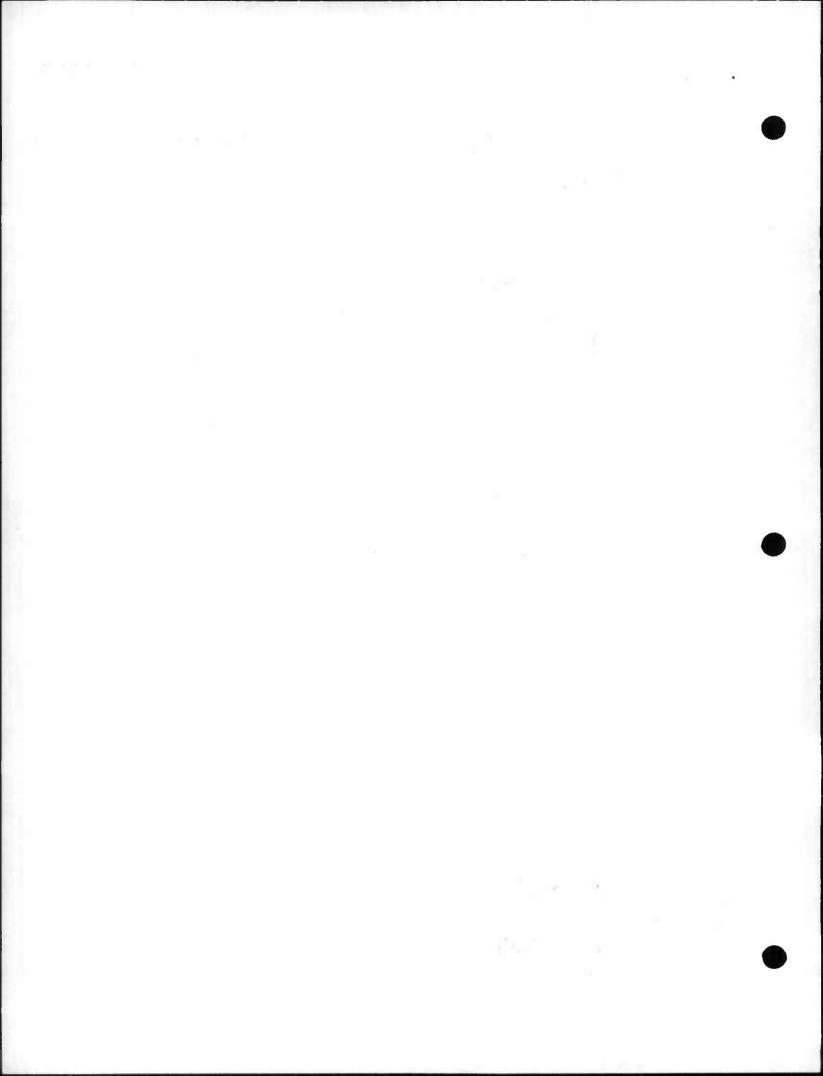
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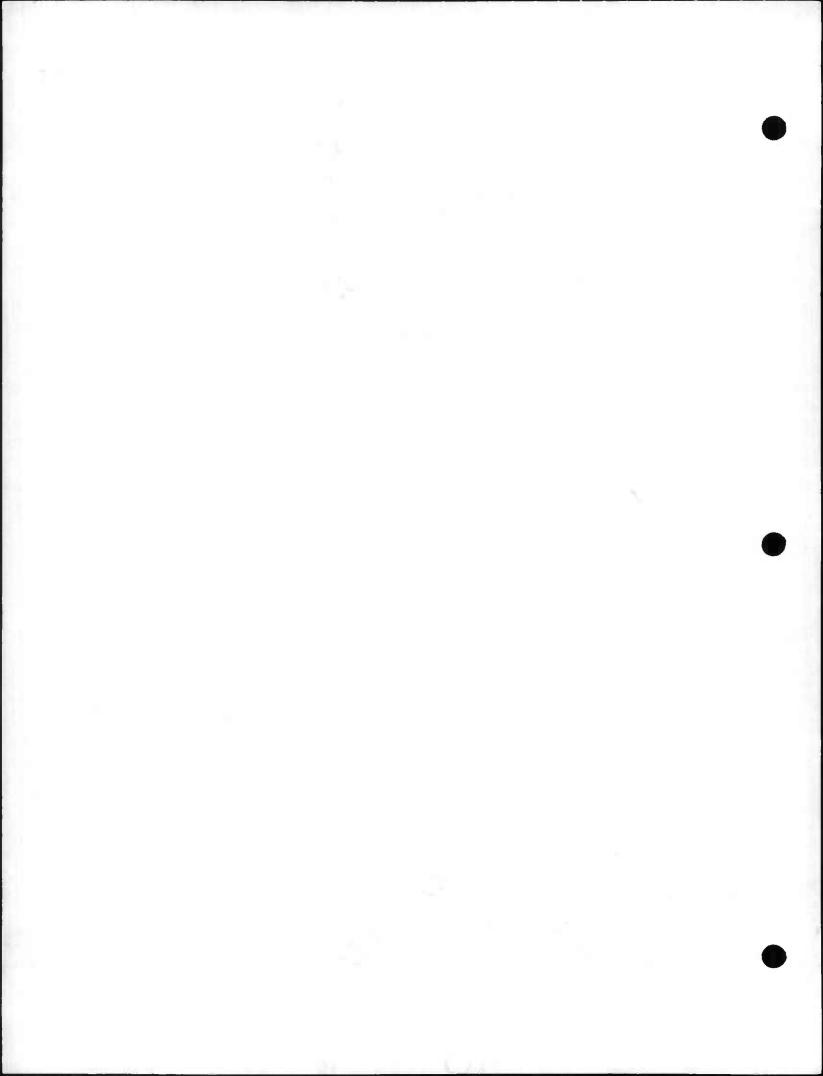
BALTIMORE, MARYLAND 21215-0020

attendin	use as th		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE THINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		ce.
ed by the	ould be de		CHECKTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be retair	ge 5 sho		e notif
6 may	ector, pa		must b
th. Page	neral dire		miner
after dea	y the fur	noval.	cal exa
4 hours	illed in b	n, or rer	e medi
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executed	and con	o burial,	matic er
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ith certif	pulpuat	al Hygier	or oth
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uires tha	signed	Health a	ws any
law req	as been	Dept. of	23 sho
IAN: The	tificate !	e State	or item
PHYSIC	r this cer	h with th	arked,
TENDING	TOR: Afte	ifter deal	R is m
L OR AT	L DIRECT	2 hours a	Item 2
HOSPITA	HINERA	thin 72	E I
TO THE	ŧ	the first with 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	GNIPPR
	100		-

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	<i>JE</i> 00000			
33	1. DECEDENT'S NAME (First, Middle, Las			THE OF BEATTI	2. DATE OF DEATH	3. TIME OF DEATH			
- 27	Helen M	1. Peters			NONTH DAY	97 02:20a			
1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)			
1 8	228-22-2155	1 🗌 M 2 🛣 F	OO YRS.		11/10/26	Virginia			
		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
6	Baltimore County General Hosp. Randallstown Baltimo								
DIRECTOR		ioc art, foun on Escarion				10d. INSIDE CITY LIMITS?			
	Maryland Carroll			Westminst		1 TVES 2 AND			
FUNERAL	179 Alymer Co	urt		101. ZIP CODE 21157	101	U.S.A.			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or N				
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexico 1 YES 2 NO Specify	in, Puerto Ricen, etc.)	Black, White, etc. Specify: White			
D BY	3 Widowed 4 Divorced					Wille			
E	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	ade completed)	(Give kind of wor life. Do NOT use if	k done during most of working	16b. KIND OF BUSINES				
IPL I	12th Grade	College (1-4 or 5+)	Nurses	1	Summitt	Constant Care N.H			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden Sumi	ame)			
BE (Frank Beck				ie Foley				
2	190. INFORMANT'S NAME (Type/Print) Mrs. Linda Hu	+ahingon		DORESS (Street and Number or Rural					
	20a. METHOD OF DISPOSITION			Valley Drive		ter, MD 21157			
1 3	11√2 Surial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)			pherd Cemete		on - City or Town, State 11icott City, M			
- 3	21. SIGNATURE OF FUNERAL BERVICE		004 5110	22. NAME AND ADDRESS OF FA	CILITY	21784			
	DA C	anun				l Directors, P.			
	23. PART A. Enter the diseases, o	or complications that caused	the death. Do not	enter the mode of dying, suc	h as cardiac or respirato	Road Winfield,			
	shock of heart failur IMMEDIATE CAUSE (Final	e. List only one cause on e	ach line.			Interval Between			
.	disease or condition resulting in death)	. Metast	ectic :	Breast Cou	rar				
		DUE TO (OR AS A	CONSEQUENCE OF):						
NO N	Sequentially list conditions,	b. DUE TO (OR AS /	CONSEQUENCE OF):						
CAT	if any, leading to immediate cause. Enter UNDERLYING	6				į			
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	_ d							
AL O	PART II. Other significant conditi	ions contributing to death b	ut not resulting in	the underlying cause given in					
					PERFORMED 1 YES 2 I	COMPLETION OF CAUSE			
MEDIC					_	1 TYES 2 NO			
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C)					
H	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	28b, TIME (☐ Nursing Home 5 ☐ Residence >F 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW INJUR	A OCCUBED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		ava. DEQUINOE NOW INVOI	TO COUNTED			
ED B	3 Suicide 8 Could not b	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, lectory, office	281. LOCATION (Street end N City or Town, State)	lumber or Rural Route Number,			
H	4 Homicide determined				City or rown, State)				
OMPL				et the time, date end place, and due					
S	2 MEDICAL EXAMI		n end/or investigation,	In my opinion, death occured at the	time, date and place, and due	e to the cause(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CENTIF	W.F	>	29c, LICENSE NUI	MBER 290	1. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON N	AMES		(nt)		12/1/12			
	KHALIO	ALTALIR	Ba	Itimee Cour	Atu Como	Hospital			
	31-DATE FILED (Mopth, Day, Year)	32. ANGISTRAR'S CLON	ATURE	300	7 3100	- ilaking			
	DEC 8 1 1995	guile burdon-10	Moder						



M.L.JR	•	FOR 1 - STATE REGISTRAR ALEXANDER			RTMENT OF H		MENTAL HYGIEN	_	35636	
		1. DECEDENT'S NAME (First, Middle, Lest)	ANDER PHIL		10/112 01		2. DATE OF DEATH		3. TIME OF DEATH	
P	9	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday) 34 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/15/1958	8.	BIRTHPLACE (State or Foreign Country)	
90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH MARYLAND GENERAL HOSPITAL BALTIMORE PRESIDENCE OF DECEDENT								9c. COUNTY		
nit. Pages 1	MARYLAND BALTIMORE									
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 1727 DRUID AVENU		10g. CITIZEN OF WHAT COUNTRY? TRINIDAD						
215-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 X Yever Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 7 10	13. WAS DEC	RACE — American Indian, Black, White, etc. Specify: INDIAN				
21 21 or 10 u	COMPLETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
MARYLAND strained by the hospital 5 should be detached to nettined at once.		17. FATHER'S NAME (First, Middle, Last) HAROLD	Di		OIAN		ME (First, Middle, Maiden			
MARYI retained by 5 should be notified at	TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	m, State, Zip Coo		
. (P d)		SYLVIA THOMAS (N 20a, METHOD OF DISPOSITION 12 APurlet 2 Cremetton 3 Remov	OTHER)	20b. PLACE AND DATE		me of		CATION - City	or Town, State	
BALTIMORE, er death. Page 6 may b the funeral director, pag val.		4 Donation 5 Other (Specify)		ST. JOHN C	22. NAME AF	O ADDRESS OF FA				
BALTIN fer death. Pag the funeral dis oval.		+ K. Chan	q Wit	to fr	5555	TWIN KNO	LLS ROAD,	COLUME	JNERAL HOME BIA,MD 21045	
So, within 24 hours after the peletely filled in by the cremation, or remover the medical		23. PART I. Enter the diseases, or constant shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Affero.	n each line.	Cord		ler Di		Interval Between	
OX 68760, e be executed within sician and completely nincr to burial, crema traumatic event,	TION	Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE O						
P.O. B h certificat anding phy Hygiene p or other	ERTIFICA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
RDS, P vat the death I by the atten and Mental I w Injury, or	F	PART II. Other aignificant conditions	contributing to deal	th but not resulting	in the underlying	g cause given in	Part i. 24s. WAS AN PERFOR	and a second of	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
RECO requires the been signed to of Heafth	N: MEDIC						1 YES 2	ON 🗆	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
The The ate D ate D ate D	PHYSICIAN:		HOSPITAL:	Outputlent 3 00A	OTHER:	ACE OF DEATH (Ch				
	ВУ РНУ	1/33 Negural 5 Panding								
TENDI TTENDI TOR: A after d after d	G	3 Suicide 8 Could not be determined 28. Character of Number of Pural Route Number, Street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)								
DIV DESTAL OR A METAL DIREC	COMPLET	MEDICAL EXAMINER					to the cause(e) and mai		euse(e) end manner as stated.	
	TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	torke	AND		O.C.M.			IGNED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WHO THAT ROW LOCK	E, MD	111 Pe		eet, Ba	ltimore,	Mary]	land 21201	
		DFC 2.1 1992	32. AMGISTRAR'S S	Mandalle.						



BALTIMORE, MARYLAND 21215-0020	INITE PAYSICAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Mark this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parameter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BOX 68760,	tificate be executed within	War this certificate has been signed by the attending physician and completely filled in by the face with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ther traumatic event, ti
ON OF VITAL RECORDS, P.O. BOX 68760,	requires that the death cer	een signed by the attending of Health and Mental Hygi	shows any injury, or o
IN OF VITAL	NG PHYSICIAN: The law	har this certificate has by	marked, or Item 23 :

After 1 death

APECTOR: 1

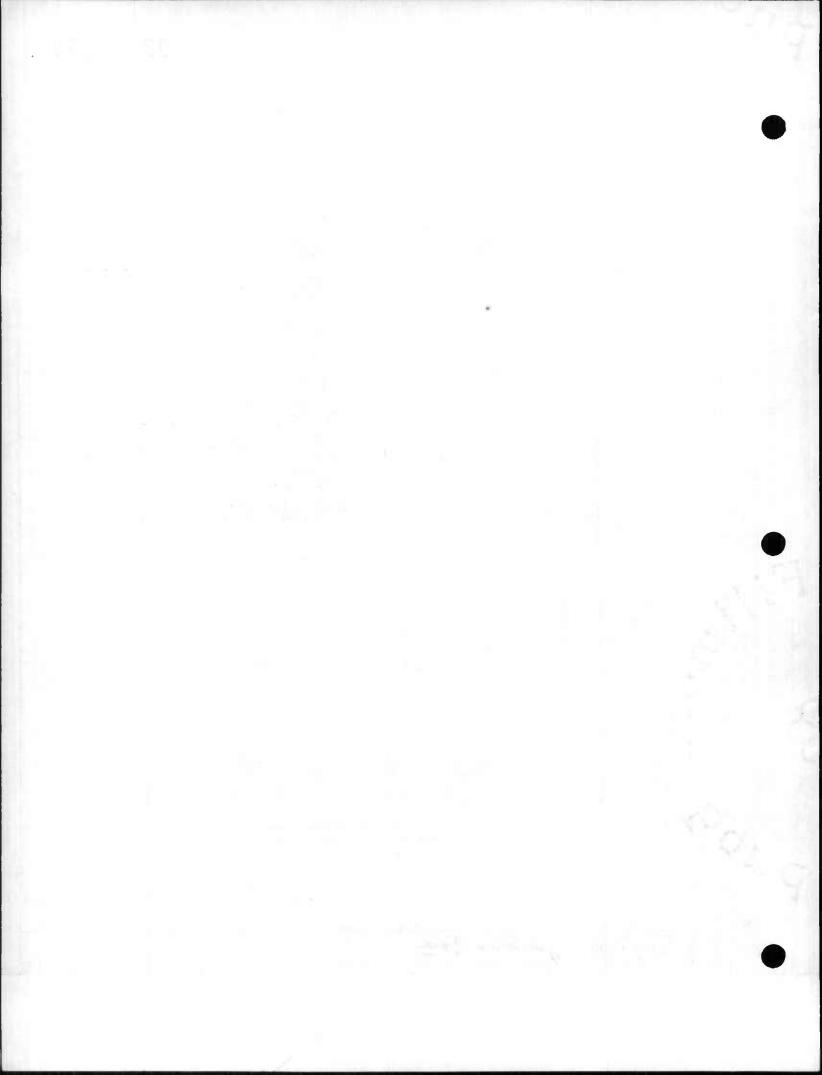
31. DATE FILED (Month, Day, Year) 2.1 1992

Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH aidakovic teve 10:52 AM 12-4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign Perrynsylvania 191-09-5025 1 M 2 - F 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANTGOMETE DIRECTOR BETHESON 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MP CABIN AT HA YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 08 MCKA 18 11. MARITAL STATUS
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE - American Indian, Black. White, atc. IF YES, GIVE WAR OR DATES white BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Mentally handicapped Never worked unknown examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
LUCY Mrayinac Joseph Paidakovich BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Faural Route Number, City or Town, State, Zip Code)
20 McKay Circle, Cabin John, Md. 20818 John Paidakovich 20e METHOD OF DISPOSITION
A METHOD OF DISPOSITION
A Duriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 12-ears - 20c. LOCATION - City or Town, State Crucible, Pa. 20b. PLACE AND DATE OF DISPOSITION (Name of Stelery. Maryon Sim Cemetery 92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Arlington, Va 22201 medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Bety IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ MYOCARDIAL resulting in death) OUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 16 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 DY YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER ne 5 🗆 Residence 8 🗀 Other (Specify) 4 - Nursing H 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending investige 0900M COLL ADSON 1 YES 2 10 of twon BY 12 28a. PLACE OF INJURY — At he building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .22 3 Sulcide COMPLETED 6 Could not be 4 Homicide 28 40246 29e. CERTIFIER (Check only 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and MEDICAL EXAMINER: On the b to the cause(a) and menner as stated. TO THE TO THE De filed BE 0000 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1215

32 REGISTRAR'S SIGNATURE D'ANGLES



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1	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH CERTIFICATE OF DEATH REG. NO.					
	1. DECEDENT'S HAME (First, Middle, Last) PRESS 2. DATE OF DEATH PAY 9 YEAR 3. TIME OF DEATH MONTH PAY 9 YEAR 155 PM	м				
	4. SOCIAL SECURITY NUMBER 262-82-0016 5. SEX 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. NONTHS DAYS HOURS MIN. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (Month, Day, Year) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (MONTH) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (MONTH) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (MONTH) 7 UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH (
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH HEBREN HOME ROCKVILLE ROCKVILLE					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?	╡				
	MD MONTGOMERY ROCKVILE 1 VES 2 NO 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?	4				
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO						
COMIL CE I ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER OWN home					
	17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROSE GROSSMAN					
	196. INFORMANT'S NAME (Type/Print) ANNE BARCOME 190. MAILING ADDRESS (Street and Number or Rural-Route Number, City or Town, State, Zip Code). 10 PEACH LEAF CT., N. POTOMAC, MD. 20878					
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removel from State 4 Donetton 5 Other (Specify) SINAI CEMETERY 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) SINAI CEMETERY MIAMI, FLA.					
	21. SIGNATURE OF FUNERAL DERVICE MOCENSEE **Muchael 3 Gay Cu IVES-PEARSON FUNERAL HOME Falls Chur Virginia					
CERTIFICATION	23. PART I. Enter the diseases, or complications they caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):					
THE STORY MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO	3				
Accident investigation M 1 YES 2 NO						
COMPLETED	3 Suicide 4 Homicide 5 Could not be detarmined 29s. CERTIFFIER (Check only one) 29s. CERTIFFIER (C					
10 BE C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, For There) 29d. DATE SIGNED (Month, For There)					
	31. DATE FILED (MOTH), Day, War) 32. BEGISTRAR'S GIGNATURE DFC 2 1 1992 Junia Davidson-Handele	,				

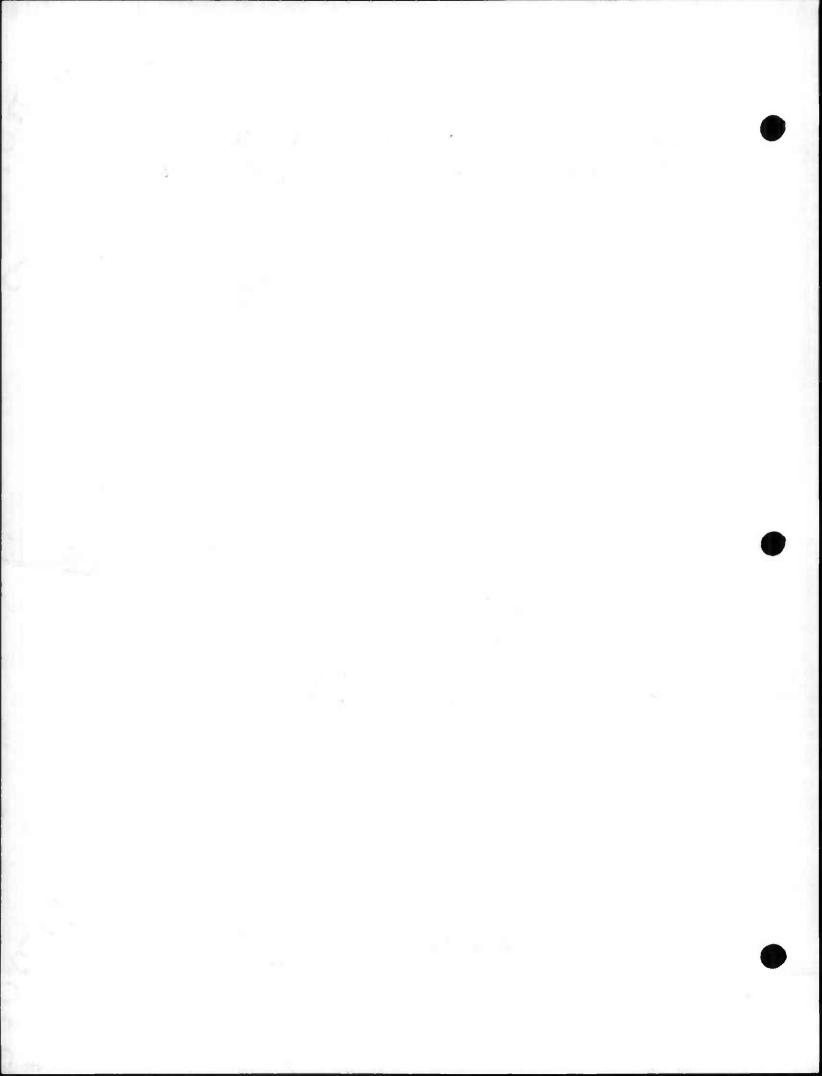


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retained by the hos	should be detached	otified et once.
rth. Page 6 may be r	neral director, page 5	miner must be n
nin 24 hours after dea	tely filled in by the fundation, or removal.	I, the medicel exa
ate be executed with	hysician and complet prior to burial, cren	ir traumatic even
that the death certifi	ed by the attending p th and Mental Hydien	any injury, or other
AN: The law requires	ifficate has been sign s State Deot, of Heal	r Item 23 shows
ATTENDING PHYSICI	SCTOR: After this cert s after death with the	28 is marked, o
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Deot, of Health and Mental Hotiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	JOSEPH	A. 7	EESE	7 4	FR	2. DATE OF DEATH	92°	3. TIME OF DEATH 3100 M	
1	100	XM2 □ F 6	6 YRS. M	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 25-04-2	6 Pen	nsylvania 💮	
TOR	Harbor Hospital			Baltime	R LOCATION OF DEA	City	ec. COUNTY OF D		
DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
	10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. CITIZEN OF WHAT C								
FUNERAL	3646 S. Hanover Street 21225 U.S.A. 11. MARRITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE.—								
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA		If yes, spe	city Cuban, Mexican 2 KNO Specify:	, Puerto Rican, etc.)	Spec	k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATIO done during mos stired.)	N at of working	16b. KIND OF BUSIN	IESS/INDUSTRY		
MPL	12th Grade	College (1-4 or 5+)	Securit	y Guar		Wells			
BE CO	17. FATHER'S NAME (First, Middle, Lest) AU	agustus Re	ese			E (First, Middle, Maiden Su Colina Al	bright		
TO B	19a. INFORMANT'S NAME (Type/Print) Joseph Reese Jr.		196. MAILING AD 20285	DRESS (Street at Haystac	nd Number or Rurel Ro K Road	Sonora, Ca		a 95370	
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	20b. cem	PLACE AND DATE OF I	pisposition (Nei Veterar	ns Cem.		TION — City or To	wn, State e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1	22. NAME AN	D ADDRESS OF FAC				
	23. PAST I. Enter the diseases, or cor				Ritchie			Id. 21225	
	IMMEDIATE CAUSE (Final	M VO CA OUE TO (OR AS A	ich ilne.					Interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	20,10	CONSEDUENCE OF): CONSEDUENCE DF): VARY	MEL	HIMIS IFT I	G DIGEAS.	Ė		
MEDICAL	PART II. Other significant conditions of	contributing to death by EVARTE	at not resulting in the	the underlying	cause given in P	Part I. 24a. WAS AN AN AN YER COM		WERE AUTOPSY PINDINGE AWALABLE PRICH TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WD	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		THER:	S Residence 6	Programme and the second			
	27. MANNER OF BEATH Netural 5 Pending	28s. DATE OF INJURY (Month, Day Year)	26b. TIME O	F 28c INJU	TA YEL	28d. DESCRIBE HOW BUI	URY OCCURED		
TED BY	Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, tarm, stre- fy)	1000	0.000	286. LOCATION (Street and City or Town, State)	Number or Rurel I	Route Mumber	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MSGICAL EXAMINER:	N: To the best of my knowle) and manner as stated.	
8	296. SIGNATURE MO THE OF CENTIFIER	land	Mo		29c. LICENSE NUME	NER 2	Pd. DATE SIGNED	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHID OF	1/	2		lanore	r 54. 13	3/4.	11/21270	
	31. OF C 2011 10 1992 9	M. REMOTER TO SIGN	DINE			- /- (-//	111 640 1	



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TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNETIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. F	IMPORTANT If Hom 29 to marked or Hom 22 chause one interest or other featured to accompany accompany to accompany to accompany to accompany to accompany to the second to accompany to accompany to the second to accompany to the second to accompany to the second to the

	FOR										0	12	2561	0
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMEN	T OF H	DEAT	AND I	MENTA	REG. NO.	E 3	16	3564	U
	1. DECEDENT'S NAME (First, Middle, Last) MARVIN H. RUBIO				IOAI		DEA		2. DATE		" 19	1592	3. TIME OF DEAT	гн Р м
	4. SOCIAL SECURITY NUMBER	ECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTIN							17	8. BIRTHE	PLACE (State or Fo	т		
	552 32 7471	1 X M 2 □ F	7	6 YRS.	MONTHS	DAYS	HOURS	MIN.	6/1	2/16		F1 S	alvador	
	9a. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	UNTY OF DE		
5	VA MEDICAL CENTE	R			FO.	RT H	WARI)			BALT	TIMOR:	E	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	,				
DIF	MARYLAND Anne Arundel BALTIMORE									LIMITS?				
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CIT		HAT COUNTRY?	
<u> </u>	109 TENTH AVENUE					2	21225	5			1	U.S.A		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	FORCES? 1	TEVER IN U.S. AF	RMED	13.	If yes, sp	ENDENT Cooking Cuba	n, Mexica	n, Puerto	N? (Specify Yea Rican, stc.)	or No	14. RACE Black, Specify	- American India, Whita, etc.	en,
9	15. DECEDENT'S EQUI		16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON of undide		166	b. KIND OF BUS	INESS/IN	OUSTRY	***************************************	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ive kind of a Do NOT us		damy mo	St OF WORKIN	v	1					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	years	M	achir	nist					Maryla		Cup		
	17. PAIRER S NAME (FIRST, MIDDIE, LEST)						18. MOTH	VER'S NA	ME (First,	Middle, Malden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Pourte Nurr	nber, City or Town	State 76	in Code)		
2	Jolanta M. Rubi	.0	1	09 –	10t	h Av	enue		Balt	imore,	Mar	yland	21225	
	20a. METHOD OF DISPOSITION 1 ♀ Burlal 2 □ Cremation 3 □ Ram	ovel from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of		DAT	E 20c. LOC	CATION	City or Tow	rn, Stata	
	4 Donation 5 Other (Specify)		cemetery, cre	Hil	1 CE	mete	ry		12/	23 Bal	Ltimo	ore,	Marylan	d
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	un	ch	G	eorg	e J.	Gon	ce F	uneral	Hom	e P.A	١.	
	23. PART I. Enter the diseases, or	omplicetions the	t ceused the de	eth. Do r	not enter	the mo	de of dyi	ng, auci	h aa car	Balt diec or respin	1MOT	e, Mo reat,	21225	
	ehock, or heart feiture. IMMEDIATE CAUSE (Finel	List only one ceu	ise on aech iine	9.							•		Interval Be Onset and	
	disease or condition resulting in death)	CEREB	ROVASCUI	LAR I	HROM	BOS I	S							
			(DR AS A CONSE	OUENCE O	F):									
ON	Sequentially list conditione,	ASPIR	(OR AS A CONSE	DUENCE O	n.								-	
YAT.	if any, leeding to immediate cause. Enter UNDERLYING		(OT AS A SOURCE	DOLINGE O	, ,.									
ERTIFICATION	CAUSE (Disease or injury that initieted events	DUE TO	(OR AS A CONSE	OUENCE OF	F):								-	
ERI	reaulting in deeth) LAST	1												
LC	PART II. Other significent condition	s contributing to	deeth but not r	esulting i	in the u	nderlying	ceuse o	iven in	Part I.	24a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FI	MUNICE
PHYSICIAN: MEDICAL	ATHEROSCLEROT								1112	PERFORI	MED?		AVAILABLE PRIOR COMPLETION DF C	TO
ME									-	1 1 123 2	(V)		OF DEATH?	10
ż														
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	ick only o	ne)				
IXSI	1 TYES 2 NO	1 Xinpatiant 2			4 🗆 Nur	sing Noma	s □ Re	eldence	-					
	1X Natural 5 Pending	26a. DATE OF (Month, D		28b. TIM INJ	URY M	28c. INJU		1	28d. DE	SCRIBE NOW IN	JURY OC	CURED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, farm, s	straat, fac			NO	28f. LOC	ATION (Street a	nd Number	r or Rumi Ro	outs Number	
E	4 Homicide detarmined	building,	atc. (Specify)						City	or Town, State)			010 110111001,	
COMPLET	29a. CERTIFIER (Check only) CERTIFYING PNYSH	CIAN: To the best of	my knowledge, da	ath occurre	ed at the t	ilme, data	and place.	and due	to the ca	use(a) and man-	ner sa stat	ted.		
MO	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or i	Investigatio	n, In my o	opinion, de	ath occur	ed at the	time, date	and place, and	due to th	he cause(a)	and manner as et	ated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER						29c, LICE						Month, Day, Year)	
TO B	Mara Moha						1) 1	56	98		•	12/10	9/92	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	BE OF DEATH //TEL	M AT /T-	Defeat.				-		_			

Marcus Allicia, M.D., 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052

31. DATE FILED (Month, Day, Year)

JEC 2 1 1992

June 1992

June 1994



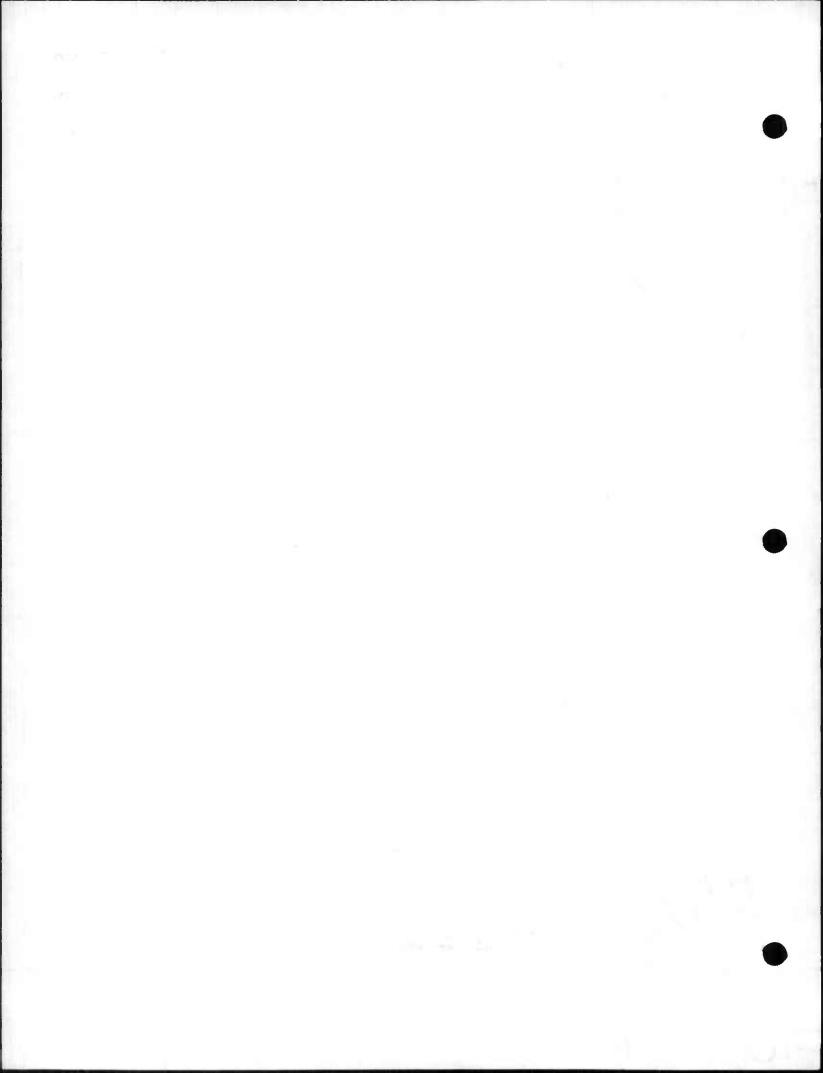
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ırmit. Papes 1, 2, 3 should	
OF VITAL RECORDS, P.O. BOX 68760, HYSICIAN: The law requires that the death certificate be executed within 24 nours after four than the family of the standing physician and completely filled in by the transmit forcer, page 5 should be detected for see as the burist-branet permit. Pages 1, 2, 3 should be claim 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
BALT Used within 24 hours after cents. I completely filled in by the functional cremation, or remonit cevent, the medical commit	
IN OF VITAL RECORDS, P.O. BOX 68760, IGN OF WITAL RECORDS, P.O. BOX 68760, IGN SALE AND A STATE IN THE IN THE INTERPRETATION OF TH	
TSION OF VITAL RE(VITENDING PHYSICIAN: The law requirations. After this certificate has been so after death with the State Dept. of H 28 is marked, or item 23 show	
TO THE CAPTAL OR TO THE WITHOUT TO THE WITHOUT OF THE WITHOUT TO THE WITHOUT THE THEM	

	1. DECEDENT'S MAME (First, Middle, Last)				IOAI		DLA		2. DATE OF I	EG. NO.			3. TIME OF DEATH	
	EMMA C. ROMME	IA C. ROMMET. MONTH DAY YEAR								The second second second				
	4. SOCIAL SECURITY NUMBER	MT DIVINGRY) IF UNDER 1 YEAR IF UNDER 24				Tacing.	7 DATE OF B	HIPTH		8. BUTTUP	12:30 A**			
	213-20-4841 Se. FACILITY NAME (If not institution, give a	YAS.	MONTHS	DEC.17,18					96 MARYLAND					
Œ	ST. MARTINS (L.S				Sb. CITY		OR LOCATI				Be. COUNT			
DIRECTOR	RESIDENCE OF DECEDENT	.U.P)				CAT	ONSV	ILLE			BA	ALTIM	IORE	
REC	10s. STATE 10s. COUNT	10s. STATE 15s. COUNTY											OIL INSIDE CITY	
							,	LIMITE? X VES 2 NO						
PA	Table to a Market Harris Andrew Residence - 1999					100	L ZIP COD	Escoto.			10g. CITIZI		IAT COUNTRY?	
FUNERAL	5110 RICHARD AV	A second second second second	IT EVER IN U.S. AR	-				214				U.S		
BY FL	1 Never Married 2 Married 3 X Wildowed 4 Diverced	FORCES?	YES 1	NO.		II yes, ap	ecity Cube	in, Mexicai	n, Puerto Rican	ecity Yes (ar No 1	Black,	American Indian, White, etc. WHITE	
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	THEORY O	COURATIO	200		T		1			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5	/0	Do NOT u	work done se retired.)	during ma	of of works	10	166. KJ#6	O OF BUSI	NESS/INDU	STRY		
필	UNKNOWN	country to a second		NE O	PERA	TOR			TEL	EPHO	NE CO	MPAN	Y	
ő	17. FATHER'S NAME (First, Microlin, Laut)	earyana -					18. MOT	HER'S NA	ME (First, Middle	Makten 5	(umamu)			
BE	CHARLES M.	KANE					E	LIZA	BETH F	INN				
5	THOMAS ROMMEL		1	4 0 4	B OC	8 /Street a EAN	PINE	or Runii N	BERLIN	, MA	STMIN, Zip C	D 21	811	
	20s_METHOD OF DISPOSITION 1 DABurtal 2 C Cremation 3 Perm	oval from State	20b. PLACE	AND DATE	OF DISPOS				DATE				Town, State	
	4 © Donation S © Other (Secon) PARKUOOD CEMETERY 12/21 RAT TIMODE													
	21 SHUNATURE OF FUNERAL SERVICE LIC	ENSEE	/	//			D ADDRE		L HOME	TNO	-			
	Musa	< 5	100									MD	. 21229	
NOI	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate	C.	(OR AS A CONSECUTION OF AS	a,		Suis	J					pt,	Approximete interval Batween Onset and Death	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		(OR AS A CONSEC											
	PART II. Other significant condition	a contributing to	death but not re	eaulting i	n the un	derivino	Cause o	iven in F	Part I 24a	WAS AN A	ITTOREY	1 245 W	ERE AUTOPSY FINDINGS	
4: MEDICAL										PERFORM YES 2	ED?	AN CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	FATH (Che	ck only one)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	t:								
PHYSICIAN	27. MANNEB OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY	28b. TIM		28c. INJL WOF	JRY AT		28d, OESCRIBI		URY OCCU	RED		
ED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined	26s. PLACE Of building,	F INJURY — At horate. (Specify)	ne, farm, s	treet, facto		ES 2	_	281, LOCATION City or Tow	(Street and	1 Number or	Rural Rout	te Number,	
4	20. CERTIFIED			H	- 40									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of t: On the basis of ax	my knowledge, das amination and/or in	rth occurre	n, in my o	me, data i	and place, ath occur	and due t	o the cause(a)	and manne	or an stated.	cause(a) ar	od manner an eteled	
E C	29b. SIGNATURE AND TITLE DF CERTIFIER	The second second				-		NSE NUME				_		
00		1/~		/		- 1	1)	0.	SER .	1		2 / 70	Don't, Disc Heart	
٩	30. NAME AND ADDRESS OF PERSON WHO						0 (<u></u>			100	150	
	DR. NATARAJAN			ITE 2	207 -	- 344	49 W	ELKEN	NS AVEN	IUE-B	ALTO	M	21229	
	31. DATE FILEO (Month, Day, Year) DFC 2 1 1992	32. REGISTRAL	A'S SIGNATURE	الم										
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, I				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						
	Anthony M.				12-18-1992						
	4. SOCIAL SECURITY NUMBER 218-26-6095	¥XXM 2 □ F 6	Z YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	Min. (Month, Day,) 4-17-1	bar)	BIRTHPLACE (State or Foreign Country) alto., Md.				
DIRECTOR	Francis Scoti	Key Med. C		Baltimore CIty 9c. COUNTY OF DEATH							
l Di	10a. STATE 10b. CO		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY				
ة	Md. Ba	altimore	Dt	Jndalk			1 YES 2X NO				
A A											
E	1902 Queensway 21222 U.S.A.										
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:						
ETED	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S U		White						
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	·							
once.	12	+4	Compute	er Operato	r Beth.	lehem S	teel				
COM	17. FATHER'S NAME (First, Middle, Last	•			HER'S NAME (First, Middle, A	faiden Surname)					
BE at	Alexander She	erpa			ry Lipka						
일	Betty J. SHer	ba			or Aural Route Number, City , Dundalk,						
2	20a, METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (Name of	OATE 2	Oc. LOCATION CIT	y or Town, State				
must	1 Dispuried 2 Cremation 3 Removed from State cemetery, prematory or other place) 4 Donation 5 Other (Specify) Druid Ridge Cemetery 12-21-92 Balto., Md.										
alue.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DO + Or C A Ch + On 22. NAME AND ADDRESS OF FACILITY										
өхэш	Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Dundalk, Md. 21										
traumatic event, the medical	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (off As A CONSEQUENCE OF): Sequentially list conditions, Due to log As A CONSEQUENCE OF):										
ry, or other CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	L a	MIC O	Prolion	word!	2	8-10 yr				
23 shows any injury, AN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. S (P COUNTIE COUNTY PRIOR TO COMPLETION OF CAUSE OF BEATH? 1 YES 2 NO 1 YES 2 NO										
ed, or item 23 PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITÁL:		26. PLACE OF 0	EATH (Check only one)						
YS 9	1 TYES 2 NO	1 Impatient 2 - ER/Out	petient 3 DOA	Nursing Home 5 - Re	esidence 6 🗆 Other (Specif	y)					
~ 1	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WORK?		HOW INJURY OCCUP	RED				
	2 Accident Investigat		Y 411	M 1 YES 2							
TED	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
ANT: If Item 28 is COMPLETED	0001	HYSICIAN: To the best of my know									
	29b. SIGNATURE AND TITLE OF CERT				ENSE NUMBER		IGNED (Month, Day, Year)				
	All aus				Section Section	> /	2/18/9>				
2	30. NAME AND ADDRESS OF PERSON	-			11-18 1-1-	A	1 (00 1				
-	31. DATE FILED (Month, Day, Year)	P32 REGISTRAR'S SIG	NATURE .	10 70	itus le	PKIN.	7 14624				
	DEC 2 1 1992	gulie beviden	Mandelle								



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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1	1. DECEDENT'S NAME (First, Middle, Lest)	RNIHA	m. R	cc	i	2. DATE OF DEATH MONTH DM	5 9	3. TIME OF DEATH 2 0040 M		
2		4. SOCIAL SECURITY NUMBER 219 40 65 38	1 □ M 2 ☑ F	In yrs. last birthday) IF U	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF MINING (Month, 184)	2. W	BIRTHPLACE (State or Foreign Country) Virginia		
2, 3 should	FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give/str	SPITAL CE	Nter so	12.1	MURE		9c. COUNTY			
. Pages 1,		10a. STATE 10b. COUNTY Maryland		10c. CITY, TO		ty,Md.			10d, INSIDE CITY LIMITS? 1 VIVES 2 NO		
nsit permit.		10e. STREET AND NUMBER 1644 S.	Charles St		101	21230			OF WHAT COUNTRY?		
5-0020 nding physician. is the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 - NO	13. WAS DEC	ENDENT OF HISPAI	HC ORIGIN? (Specify Yes in, Puerto Rican, etc.)		RACE - American Indian, Black, White, etc. Specify: White		
Z1Z1	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12) 9th.Grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during mo ed.)	DN st of working	16b. KIND OF BUS		, , , , , , , , , , , , , , , , , , ,		
AND the hospit detached once.	COM	17. FATHER'S NAME (First, Middle, Last)		Homema	ker	18. MOTHER'S NA	ME (First, Middle, Maiden	Wn Hon	ne		
2 8 8 E	444	19a. INFORMANT'S NAME (Type/Print)	Ordie	Robins			ita		Llette		
40	임		A. Ricci				Aoute Number, City or Town		1230		
Page 6 may be al director, page ner must be r		20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State com	PLACE AND DATE OF DIS	POSITION (Ne	me of	OATE 20c. LO	CATION — City	or Town, State		
SAL death. e funer al.		Glen Havem Mem. Park 12/19 Glen Burnie, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE? Balto.Md. 21230 McCully Funeral Home, 130 E. Fort Ave.									
ed within 24 hours completely filled in tall, cremation, or rei event, the medi	NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):									
th certificate be ending physician I Hygiene prior I or other traus	MEDICAL CERTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): c. d.									
w requires that been signed by it, of Health and shows any it		PART II. Other significant conditions CARDIAC ARRE	scontributing to death be	TRICULAR	PIBR	cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN: The lancering the State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Ch	sck only one) S Other (Specify)				
子音音	PHY	27, MANNIER OF DEATN 1 Natural 5 Pending	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO		28d. DESCRIBE HOW IN	JURY OCCURE	łD		
TTENDING CTDR: After after death 28 is ma	TED BY	Aceldent Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street,			261. LOCATION (Street e City or Town, State)	nd Number or R	ural Route Number,		
TAL_OR 101_DIRE 72_hours	COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
TO THE MOSTANTE	BE	296. SIGNATURE AND TITLE OF CENTIFIER	ta W	M.		29c. LICENSE NUI	IBER 73	29d. DATE SIG	SNEO (Mprith, Day, Year)		
	οT	20. NAME AND ADDRESS OF PERSON WIND	FER MD		KAV	E BALT	MORETA	102	1201		
		31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE 34. DEVILOR Render 35. REGISTRAR'S SIGNATURE									

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5, should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1. FOR STATE STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

Alice Ann Schneider

4. SOCIAL SECURITY NUMBER

5. SEX

6. AGE (In 1773, last birthday) IF UNDER 1 YEAR | F UNDER 24 HRS. 7. DATE OF BIRTH |

1. BURTHPLACE (State of Formism

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH	AV	YEAR	3. TIME OF DEATN	
	Alice Ann Schneider								12 17 92 P			12:20 a M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last I		IF UNDER 1 YE		IDER 24 HRS.					IPLACE (State or Foreign Y)	
	411 01 0044		75	YRS.							SOUT	H CAROLINA	
DIRECTOR	99. FACILITY NAME (If not institution, give street and number) GREATER BALTIMORE MEDICAL CENTER TOWSON RESIDENCE OF DECEMENT								9c. COUNTY OF DEATH BALTIMORE				
E I	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION						10d. INSIDE CITY	
	MARYLAND BAL		MC	NKTON	l					LIMITS?			
A	10s. STREET AND NUMBER						101. ZIP CODE					VHAT COUNTRY?	
FUNERAL	3821 JUSTIN ROAD					(M.			5, A.				
5	11. MARITAL STATUS	IN U.S. ARM	ED	13. WAS	DECENDER	NIC ORIGIN? (Specify Yes or No — 14, RACE			- American Indian,				
B	1 Never Merried 2 Merried 3 Nidowed 4 Divorced		If yes, specify Cultur, Mexicen, Puerto Rican, etc.) 1 YES 2 TO Specify: Specify: WHITE										
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give	e kind of wo	SUAL OCCU	PATION og most of w	orking	16b. KIND OF BUSINESS/INDUSTRY					
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	He	ON NOT USO	MA	LER			~				
BE CO	17. FATNER'S NAME (First, Middle, Last) HENRY BURT CAMPBELL 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) TVY TALLULAH MOCKE												
10	190. INFORMANT'S NAME (Typo/Print)	CORDS	19b.		mb b	AS		BOVE	w, City or Tow	n, State, Zu	Code)		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removed Donetion 8 Other (Specify)	val from State	b. PLACE AN	DD DATE OF	DISPOSITIO	N (Name of	1. Park	VIZ-2	1 PA	CATION -	City or To	wn, State MARKANI	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	nes	/	22. NAN	E AND AD	RESS OF F	ACILITY	2001	04	4.	2,01	
	They J.	- Jave 1	0000	77	7 6	800	2/1/	RFOR	25	Pi	108	ec	
	23. PAPT I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiretory strest, shock, or heart fellure. List only one ceuse on each line.												
- 1	IMMEDIATE CAUSE (Finel												
	resulting in death)	. Bowel in											
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Severe arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING												
Ē	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEQU	JENCE OF):									
ER	resulting in death) LAST												
	PART II. Other algnificent conditions	contributing to death	but not rea	aulting in	the under	tylna ceu	se alven in	Part I.	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
MEDICAL									PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
밀								_	1 X YES 2	□ NO		OF DEATH?	
								17				1 X YES 2 NO	
Ĭ	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
Sic		HOSPITAL: 1 M inpatient 2 □ ER/Ou	tpatient 3		OTHER:	Home 5	Residence	8 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28b. TIME OF 28c. INJURY AT WORK?				28d. DESC	28d. DESCRIBE HOW INJURY OCCURED						
BY	1 XNatural 5 Pending 2 Accident Investigation				YES	2 NO							
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	Y — At homecify)	me, ferm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,			
1	29e. CERTIFIER (Check only (Ch												
N N	(Check only one) MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) and menner as stated, MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end manner as stated.												
	296. SIGNATURE AND TITLE OF CENTIEISR 29d. DATE SIGNED (Month, Day, Year)												
8	Mulle	reden.	//	41								NED (Month, Day, Year) /17/92	
임	30. NAME AND ADDRESS OF PERSON WHO					C+ -1			MD 3			,	
	Rudiger Breitenec				11.162	31.;	Dd I l l	more,	עויו ג.	1204			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	nder										

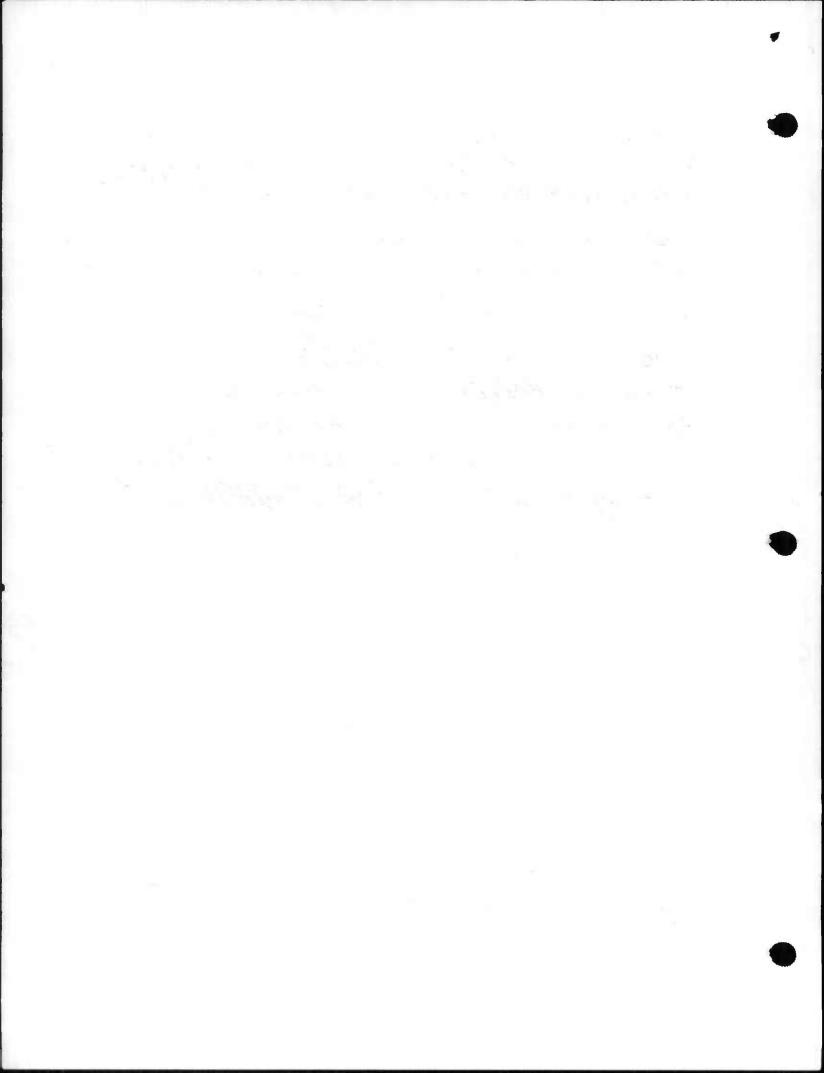
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The law requires that the death certificate be executed within 2	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		an 23 shows any interpretationality and the medical asseminar must be notified at once
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De	ate !	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	20

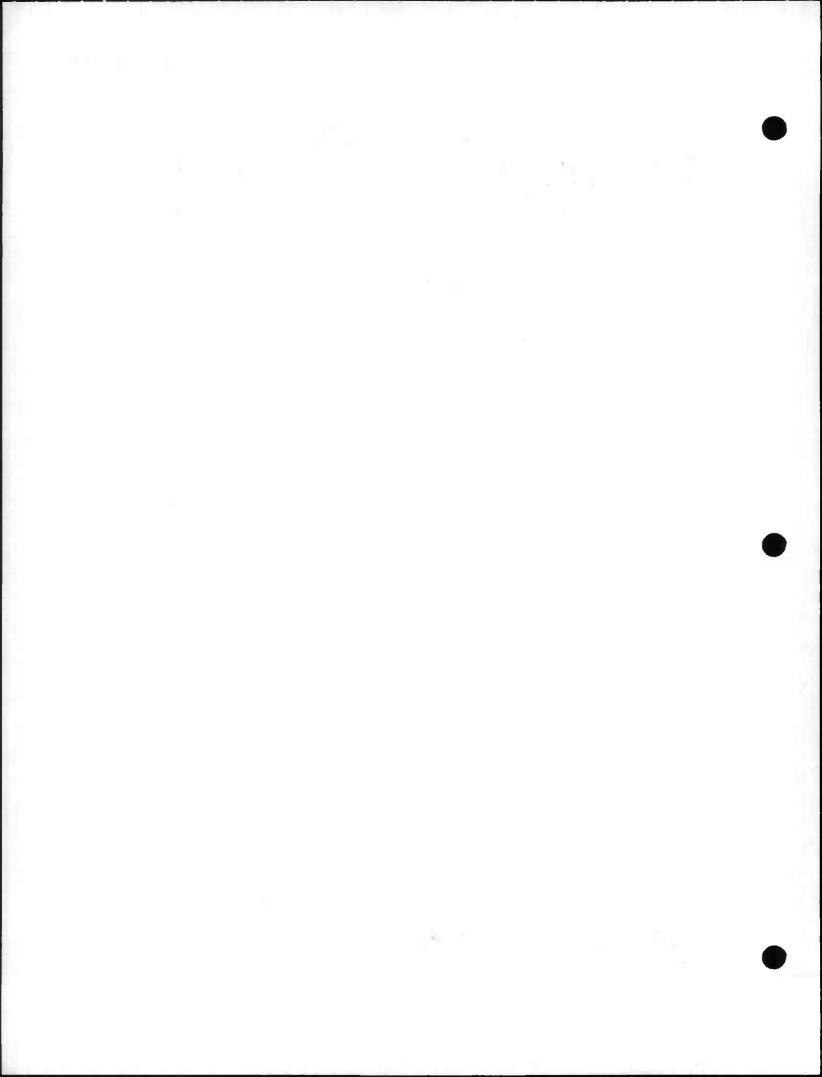
	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Smith		2. DATE OF DEATH MONTH 12. 16	3. TIME OF DEATH
	ついた ハフー1フラフ		UNDER 1 YEAR IF UNDER 24 HRS. 17HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 21 - 96	BIRTHPLACE (State or Foreign Country)
OR	9a. EACILITY NAME (If not institution, give street PERFING PKWY	WIR. HOME 96.	BALTIMOR	ATH 9c. COUNTY	TIMORE CO
DIRECTOR	10a. STATE 10b. COUNTY	IMORE CO, BA	OWN OR LOCATION HTIMORIS	,	10d. INSIDE CITY LIMITS? 1 YES 2 TLMO
FUNERAL C	10e. STREET AND NUMBER	KERT AVE	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cutsan, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	BACE — Aftertown treffin, Black, White, etc: Specify:
COMPLETED E	15. DECEDENT'S EDUCA (Specify only highest grade co		done during most of working	16b. KINO OF BUSINESS/INOUS	STRY
	17. FATHER'S NAME (First, Middle, Last)	BARKER	16. MOTHER'S NA	ME (First, Middle, Maiden Syrnarjie)	72
TO BE	19a. WEDRMANT'S NAME (Type/Print)	ECORDS SAN	DRESS (Street and Number or Rural I	Poute Number, City or Town, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1		N (Name of cemetery, crematory or	20c. LOCATION — CIP	y or Town, State MULES, MD
	21. SIGNATURE OF FUNERAL SERVICE LICES	Jan 110.#	22. NAME AND ADDRESS OF FA	CHERD PB	PARKINIE
	shock, of Maart fallure.	polications that caused the death. Do not at only one cause on each line. Congostive Row Dut to (or as a consequence of):		h aa cardiac or respiretory arres	it, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditiona	contributing to death but not resulting in ti	he underlying ceuse given in	Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN:		HOSPITAL: OT	26 PLACE OF DEATH (Ch		
PHYS	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ← ☐ 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	F 28c. INJURY AT WORK?	S Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCU	RED
BY	1 Actions 5 Pending 2 Accident Investigation 3 Suicide 5 Could not be determined	28e. PLACE OF INJURY — At home, farm, stree building, atc. (Specify)	M 1 YES 2 NO	281, LOCATION (Street and Number of City or Town, State)	Rural Route Number,
COMPLETED	ama)	AN: To the best of my knowledge, death occurred at			
8	296. SIGNATURE AND TITLE OF CERTIFIER	PIC Ris ans	29c. LICENSE NUI	WBER 29d. DATE S	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pri	5 thefor	ED RD. PA	exville m
	31. DATE FILEO (Month, Day, Year)	1 82. REGISTRAR'S SIGNATURE			,





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ried.	

	1 - FOR STATE OF N	MARYLAND / DEPAR CERTIF	TMENT OF HEALI		L HYGIENE REG. NO.	
100	1. DECEDENT'S NAME (First, Middle, Last) MABEL	A	SMith	2. DATE MONT	E OF DEATH	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 X F	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR	NDER 24 HRS. 7. DATE	OF BIRTH	a. BIRTHPLACE (State or Foreign Country) West Virginia
POP	9a. FACILITY NAME (If not institution, give street and number) Harbor Hospital Center		UNTY OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY Maryland =======	200	Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
FUNERAL (10a. STREET AND NUMBER 22 S. Athol Avenue		10f, ZIP C	21 229		1 X YES 2 NO
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDEN FORCES? 1 IF YES GIVE W	T EVER IN U.S. ARMED YES 2 XNO AR OR DATES	13. WAS DECENDEN	T OF HISPANIC ORIGI	N? (Specify Yes or No-	U.S.A. 14. RACE — American Indian, Black, White, etc. Specify:
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e, DECEDENT'S	USUAL OCCUPATION work done during most of we	16/	b. KIND OF BUSINESS/IN	White
COMPLETED	Elementary/Secondary (0-12) 12th Grade College (1-4 or 5 -	Miles Des ANOTT	se retired.)	onang	Home Make	r
BE CO	17. FATHER'S NAME (First, Middle, Lest) Frank Fig	1	10. M	Nabel	Middle, Maiden Sumame) Hinks	
10	19a. INFORMANT'S NAME (Type/Print) Alice Hunt		ADDRESS (Street and Mun		nber City or Town. State, Z	
	20a. METHOD OF DISPOSITION 1	20b. PLACE AND DATE of the commentary, crematory or of Metro Cre	of DISPOSITION (Name of ther place) ematory, Inc	DAT	TE 20c. LOCATION -	ore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/	George J	J. Gonce F	uneral Hom	
	23. PART I. Enter the diseases or complications that shock, or heart failure. List only one cau	t caused the death. Do i se on each line.	not enter the mode of	dying, such as car	diac or respiratory a	rrest, Approximata Interval Between
	immediate cause (Final disease or condition resulting in death)	mal fa:	lure			Onset and Death
NO	Sequentially list conditions,		fa; lur	2		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE O	· U			
CERTI	resulting in death) LAST					
JICAL	PART II. Other significant conditions contributing to	death but not resulting	In the underlying caus	e given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDIC						1 Tes 2 No
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE O	F DEATH (Check only o	ne)	
PHYS	1 YES 2 NO 1 S Inpatient 2 27. MANNER OF DEATH 28s. DATE OF (Month, D				H (Specify) SCRIBE HOW INJURY OF	CURED
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 TYES	2 🗌 NO		
ED	4 Homicide determined butteling,	F INJURY — At home, farm, etc. (Specify)	street, factory, office		CATION (Street and Number or Town, State)	ir or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of at					
BE	298. SIGNATURE AND TITLE OF CERTIFIER Wang W Klun Ku)		29c. I	19031	29d. DA	TE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSES	SE OF DEATH (ITEM 27) (Types	Print) Conta	r Bal	Finesso P	10 21225
	DEC 2 1 1992 July Darton	E. Shapladia				



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT O CERTIFICATE O	F HEALTH AND NOF DEATH	MENTAL HYGIEN REG. NO.	E	
	DECEDENT'S NAME (First, Middle, La SOCIAL SECURITY NUMBER	Ste	VeN50	N	2. DATE OF DEATH MONTH DA	7 9	2 3. TIME OF DEATH
~	239-40-5967 90. FACILITY NAME (If not institution, gi	7 1 1 M 2 X F	YRS.	EAR IF UNDER 24 HRS. AYS HOURS MIN. WWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	9c. COUNTY	BIRTHPLACE (State or Foreign Country)
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CITY, TOWN OR LI	OCATION			10d, INSIDE CITY
AAL DIR	10e. STREET AND NUMBER	+1 0	Balto	101. ZIP CODE		10g. CITIZEN	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO If yes	DECEMBENT OF HISPANI IS, specify Cuben, Mexican	n, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc.
ЕТЕР ВУ	3 Widowed 4 Divorced 15. DECEDENT'S E (Specify only highest gr	EDUCATION grade completed)	16a. DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use refired.)	YES 2 NO Specify: PATION ng most of working	16b. KIND OF BUS		Specify: Black TRY
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	mb. but red	18. MOTHER'S NAM	ME (First, Middle, Maiden	Sumame)	
TO BE C	190. INFORMANT'S NAME (Type/Print)	venson	196. MAILINO AODRESS (Str	Treet and Number or Rural A	hum Ja	hnso.	b) 4 d 2/20
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	Removal from State 20b. I ceme	PLACE AND DATE OF DISPOSITION of the place o	Nos sa Milhamo of Center	OATE 20c. LOC 1/2/2/1/2 CA	CATION - CHY	y or Town, State Swn, H4
	21. SIGNATURE OF FUNERAL SERVICE	Merch	22, NAM	HE AND ADDRESS OF FACULTY	T. West	hash	Are
	23. PART I. Enter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	the deeth. Do not enter the ich line.	mode of dying, such	as cardiac or respin	ratory arrest	t, Approximate Interval Betw Onset and D
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO YOU AS A C	CONSEQUENCE OF):	1869 N	15EASE		
: MEDICAL	PART II. Other significent condit	tions contributing to deeth bu	it not resulting in the under	lying cause given in F	Part I. 24s. WAS AND PERFORM 1 TYPES 2	MED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpet	OTHER:	26. PLACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF GEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME OF 18c INJURY M 1	c. INJURY AT WORK?	28d. OESCRIBE HOW IN	LURY OCCUR	EO
TED	3 Suicide 8 Could not datermined	d building, atc. (Specified			281. LOCATION (Street a City or Town, State)		Rural Route Number,
COMPLE		HYSICIAN: To the best of my knowle MINER: On the basis of examination					ause(s) and manner as state
BE	29b. SICHATURE AND TITLE OF CERTIFICATION	Multa	140	29c. LICENSE NUMI	BER.	29d. DATE SI	IGNED (Month, Dely Mean)
으	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEAT	TH (FTEM 27) (Type, Print)	-Liber	US 148d	1041	Molles
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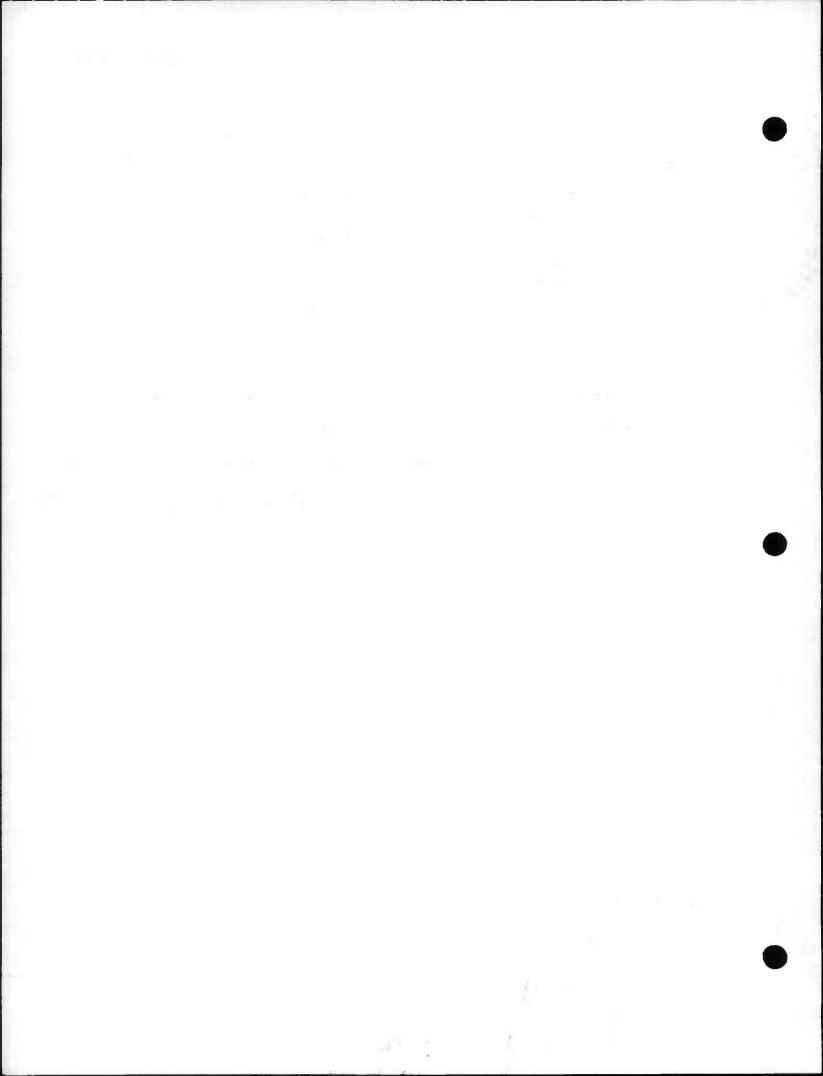
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	on the or three		TIFICATE			REG. NO.	_			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH	1
	MILLARD	CORNE	LIUS	SHE	PPARD		7 2 7 7	-	YEAR	7.15	D M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. last birth				7. DATE OF BIRTH	Ť	8. BIRTH	PLACE (State or For	
	215-07-9681	1 € M 2 □ F	78 Y	RS. MONTHS	MYS HOURS	BARN.	(Month, Day, Year)	914	Country	smouth,	17-
	Se. FACILITY NAME (If not Institution, give stre	set and number)		9b. CITY, 1	OWN OR LOCATIO	N OF DEA	ATH I		YTY OF DE		va.
R	3129 Mondawmin A	ve		Bal	timore						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
Ë	MD INC. COUNTY		104	c. CITY, TOWN OR Balti						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			Daici	101. ZIP CODE					1 🖄 YES 2 🗌 1	4O
A.	3129 Mondawmin	Ave					(10g. CITI	ZEN OF W USA	HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED	12 W		2121	C ORIGIN? (Specify Yes	M- T			
	1 Never Married 2 X Married	FORCES? 1 7	rES 2 NO	H y	es, specify Cuben YES 2 XNO	, Mexican,	Puerto Rican, etc.)	or No-	Black,	 American Indias White, etc. 	n,
BY	3 Widowed 4 Divorced			''	TES 2 [XINO	эрвску:			Specifi	BLACK	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give kir	ENT'S USUAL OCC	UPATION	y	166. KIND OF BUS	INESS/IND	USTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do F	VOT use retired.)	The state of the state of	,	U.S.	Post	tal	Servic	e
M M											
	17. FATHER'S NAME (First, Middle, Last)	_,			18. MOTH	ER'S NAM	E (First, Middle, Maiden S	Surname)			
BE	Cornelius E. S	Sheppard					ra L. Burr				
2	Audrey Sheppard		1				oute Number, City or Town			2222	
	20s. METHOD OF DISPOSITION LA Burlat 2 Cremation 3 Remon	T		ATEOF DISPOSITI		<u> В</u>	altimore	ATION —		21216	
	12 Burial 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	ral from State	cemetery, cremator	y or other place)	1801010	7.0					
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE	WOOdlav	m Cemet	ME AND ADDRESS	S OF FACI	122/92 Wo	odla	wn.	Md 21:20	
	Danne (11 /10	111				TT & SON F				
\dashv	23. PART I. Enter the diseases, or co		$\Delta \lambda$	1 4	600 Libe	ertu	Hahts Ave	Ba	Ito.		
	snock, or neart failure. Li	st only one cause o	n each line.	Do not enter tr	e mode of dyin	ig, such	as cardiac or respir	atory arn	est,	Approximation Interval Better	
1	disease or condition	1 1.1	10	alw c	2 5 10					Onset and	Death
H	resulting in death) a.	DUE TO (OR	AS A CONSCOUEN		TR					-	
,			V	oc o.,.							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUEN	CE OF):						1	
3	CAUSE (Disease or injury										
H	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUEN	CE OF):							
Ä	d.										
	PART II. Other significant conditions	contributing to deat	th but not result	ting ip the unde	rlying cause gi	ven in P	art I. 24s. WAS AN	WTOPSY	24b.	WERE AUTOPSY FIN	DINGS
DICAL	_ URMIC	c Chi	DONAC	12-81	A(PERFORI	- /		AMAILABLE PRIOR TO COMPLETION OF CA	
MEC	Fall	40.8					_ 1 1 1 1 1 1 1 1 1	DAO	- 1	OF DEATH?	
ž							-			1 _ YES 2 _ N	" [
₹ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DE	ATH (Checi	k only one)				\neg
is l	1 T 100 1 T 100	HOSPITAL: 1 Inpatient 2 ER/0	Outpatient 3 🗆 D	OTHER: OA 4 Nursin	Home 5 Res	idence 8	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yes			c. INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OCC	URED		\neg
A	1 Netural 5 Pending 2 Accident Investigation				YES 2	NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJI building, atc. (3	URY — Al home, le Specify)	arm, street, factory	office	1	281. LOCATION (Street ar City or Town, State)	nd Number	or Rural Ro	oute Number,	
	4 Homicide determined										
릴	29a. CERTIFIER 1 CERTIFYING PHYSICI										
COMPLETED	2 MEDICAL EXAMINER:	On the basis of examina	ation and/or invest	igation, in my opir	ion, death occure	d at the tir	me, data and place, and	due to the	cause(s)	and manner as sta	ted.
HE I	296. SIGNATURE AND TITLE OF CHATTER	Da-			29c LICEN	ISE NUMB	ER 21420	29d. DATE	SIGNED	(Month, Day, Year)	
2	Clesta	D -			1)=	1	460	> 2	100	C92	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27)	(Tripo, Prine)	PN	-	11	~			\neg
	CURIL	2017	11) 1	DUNS	coup)	(100y)	4	27	23	
	DEC 2 1 1992	32. REGISTRAR'S S	GNATURE	3						V	
	(7) 12 kJ 1 1.7.7/										- 4



TO THE HUSPING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNE ALL DREITCH: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours that death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: Illiam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												96	. 3	5649
		FOR STATE REGISTRAR	STATE OF M		DEPAR						GIEN	E		
	131	1. DECEDENT'S NAME (First, Middle, Last)			_				2	DATE OF DEA	ATH			3. TIME OF DEATH
	10.7	LINDA 5	TECHAT	-						Dec	18	To.	92	1159
		4. SOCIAL SECURITY NUMBER		6. AGE (in yrs. la:	st birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS 7	DATE OF BIFT			10	IPLACE (State or Foreign
		21/-00-/040	1 🗌 M 2 💢 F	-	YRS.	MONTHS			MIN.	(Month, Day)		4	Count	MD
1	-3	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY,	TOWN OF	LOCATION	OF DEATH	1		9c. COL	JNTY OF D	
DIDECTOR	5	University Hos	pit <u>al</u>			Ва	lti	more						
1 2	김	10a. STATE 10b. COUNTY			IOc. CIT	Y, TOWN O	R LOCATIO	ON						IOd. INSIDE CITY
=	5	MD			Ra	1 t i m	inre							LIMITS?
		10e. STREET AND NUMBER			- Du	10111		ZIP CODE	_			100 00	TIZEN OF Y	WHAT COUNTRY?
FINEDAL		622 Cooper St	A + - C)					. 1					WHAI COUNTRY?
2		623 George St.	12. WAS DECEOENT					2120		CONTRACTOR OF THE PARTY			JSA	
		1 Never Married 2 Married	FORCES? 1	YES 2 X	RMED NO					ORIGIN? (Spec ruerto Rican, a		or No-	14. RACI Blac	E — American Indian, k, White, etc.
2	5	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES 2	NO NO	Specify:				Spec	"Black
Cu		15. DECEDENT'S EDUCA	TION	140 04	ECEDENT'S	1	-			T			<u> </u>	DIACK
I L	-	(Specify only highest grade of	ompleted)	(6	No NOT us	vork done o				16b. KIND (OF BUS	SINESS/IN	DUSTRY	
=	١	Elementary/Secondary (0-12)	College (1-4 or 5+)	, ,	. 50 1101 00	o recred.				C	_	nee.		D., 41 44
OMP		12th grade									_		ıce	Building Publication
5	3	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, A				
" H	4	Robert Rolack								J.				
ç		19a. INFORMANT'S NAME (Type/Print)								e Number, City				
		Gloria V. Bullo	ck	[6	23 G	eorg	ge S	it. F	ŀpt.	2/Bal	ti	more	e, M	D 21201
		20a. METHOD OF DISPOSITION 1 V Burlal 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	rel from State	20b. PLACE cemetery, cre						OATE 2			Cify or To	
				West	ern						at	ons	V 1 1	e, MD
		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE //	6	-	22.1	NAME AND	ADDRESS	OF FACILI	TY				
		Tone	> //	100	× <		C.							ORTH AVE.
		23. PART I. Enter the diseases, or co shock, or heart fellure. Li	emplications that	coused the de	eeth. Dou	ot enter	the mod	e of dying	g, such a	a cardiac or	respi	ratory a	rest,	Approximate
		IMMEDIATE CAUSE (Final	ist only one caus	se ou each illie	.	-								Interval Between Onset and Death
		disease or condition resulting in death)	Lea	ckemia										İ
	į	resulting in death) / a.	DUE TO (OR AS A CONSE	OUENCE OF	F):					_			
,	.													
FRTIFICATION	5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	j:								
Ā	ŧ	cause. Enter UNDERLYING												
E		CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	OUENCE OF	T):								
		resulting in death) LAST												
. 5	3	a.												
-		PART II. Other significant conditions	contributing to	deeth but not	resulting i	n the un	derlying	csuse giv	ren in Par	t I. 24a. W		AUTOPSY	246	WERE AUTOPSY FINDINGS
MEDICAL											ERFOR	□ NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
										- '''	2	_ NO	- 1	OF DEATH?
										-				1 TES 2 NO
A		25. WAS CASE REFERRED TO MEDICAL			_		00.01.0	05.05.05.1	711 101 1					
0		EXAMINER?	HOSPITAL:	en casan	713	OTHER	1:	CE OF OEA			_			
1 07		1 Styles 2 NO 27. MANNER OF DEATH	1 Inpetient 2 5%			-				Other (Special				
≥		1 Natural 5 Pending	28e. DATE OF I (Month, De		28b. TIM	URY	28c. INJUI WOR	K?	_	d. DEŞCRIBE	HOW II	NJURY OC	CURED	
PHYSICIAN		2 Accident Investigation				M		S 2 🗌 I	NO					
BY PHY			I DO . DI AGE OC	INJURY - At he	ome, ferm, s	treel, facto	ory, office		26	f. LOCATION (Street a	nd Numbe	r or Rual I	Dougle Mumber
À		3 Suicide 6 Could not be	building, a	tc. (Specify)	,					City or Town,				You're Namber,
ED BY		a: Coultain	building, a	tc. (Specify)						City or Town,		1111		Noble Namber,
ED BY		3 Suicide 6 Could not be determined	building, a	tc. (Specify)				nd place, as	nd due to 1		State)	mer as ste		volte Namoev,
ED BY		3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only)	AN: To the best of r	ny knowledge, de	eth occurre	ed at the th	me, dete a			the cause(s) as	State)		nted.	
COMPLETED BY		3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI 0 MEDICAL EXAMINER:	AN: To the best of r	ny knowledge, de	eth occurre	ed at the th	me, dete a	eth occured	at the time	the cause(s) as	State)	d due to t	ited, he cause(i	s) and manner as stated.
ED BY		3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only)	IAN: To the best of r	ny knowledge, de	eth occurre	ed at the th	me, dete a		at the time	the cause(s) as	State)	d due to t	ited. the cause(i	

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BRUAN

1 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JMMS

Julia Devideon - Hampelle

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TO THE HOSPITAL OR ASSENCIAL: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal or emoval.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		ATE OF DEATH						
	1. DECEDENT'S NAME (First, Middle, Last)	Stand	hack		2. DATE OF DEATH	2 4				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI		UNDER 1 YEAR F UNDER 24 I	RS. 7. DATE OF BIFTH	A.B	RTHPLACE (State or Foreign			
	223 09752	1 0 m 2 0x = 3	S J YRS.		9/10	190	N.C.			
DIRECTOR	FACILITY NAME (It not institution, give street end number) Prancis Scott Key Medical Center Battimave mo 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH									
E E	10a. STATE 10b. COUNT	ſΥ	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY			
	10a, STREET AND NUMBER		Da	Himore			1 YES 2 NO			
FUNERAL	1 1 0	diard:	AVE.	10f. ZIP CODE	DECL	10g. CITIZEN	OF WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ABMED	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specify lexican, Puerto Rican, etc.)	Yes or No — 14. F	IACE — American Indian, Block, White, etc.			
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES		Specify:		Specify: Black			
	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S USU	done during most of working	16b. KIND OF	BUSINESS/INDUSTF	W Clark			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	fred.)						
	17. FATHER'S NAME (First, Middle, Lest)		Disable		'S NAME (First, Middle, Mak	len Surname)				
BEC	<u>Jeff Bennet</u>			Emma						
2	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street end Number or			71713			
	Martha Davis	12	1256 N		2nd FL.	Baltim				
	1 N Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		Mt Z10n			ansdown				
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE 2		22. NAME AND ADDRESS						
		-1/4	-07	WM E. MAR	RCH F.H./1	101 E.	NORTH AVE.			
		complications that caus List only one ceuse on	ed the deeth. Do not eech line.	enter the mode of dying.	such as cardiac or re	apiratory arrest,	Approximate Interval Between			
- 1	IMMEDIATE CAUSE (Final disease or condition	- Oneur	nonid				Onset and Death			
	resulting in death)		A CONSEQUENCE OF):							
O	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF:	phelopo	HAY	·				
×	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· occust	maliana	ncy meta	otatic to	odalo	me			
			A CONSEQUENCE OF):							
Ĭ	that initiated eventa	DUE TO (OR AS	A CONSEGUENCE OF).							
CERTIFIC		d	A CONSEQUENCE OF J.							
AL CE	that initiated eventa	d		ne underlying cause give		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
EDICAL CERTIFICATION	that initiated eventa resulting in death) LAST	d		ne underlying cause give	PERI		24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL CE	that initiated eventa resulting in death) LAST	d		ne underlying cause give	PERI	ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL CE	that initiated eventa resulting in death) LAST	d	but not resulting in the	26. PLACE OF OEAT	PERI 1 YES	ORMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL CE	that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERREO TO MEDICAL	d. one contributing to deeth	but not resulting in the	26. PLACE OF OEAT THER: □ Nursing Home 5 □ Reside	H (Check only one)	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL CE	that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	d. one contributing to deeth	but not resulting in the	26. PLACE OF OEAT	H (Check only one) PERI 1 YES H (Check only one) 28d. OESCRIBE HO	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Negetient 2 ER/OL 280. DATE OF INJURY (Month, Day, Year)	but not resulting in the street of the stree	26. PLACE OF OEAT THER: Nursing Home 5 Resid: 28c. INJURY AT WORK? M 1 YES 2 N	H (Check only one) PERI 1 YES H (Check only one) 28d. OESCRIBE HO	W INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident 3 Suicide 8 Could not be determined	HOSPITAL: 1 Dinpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sy	but not resulting in the street of the stree	26. PLACE OF OEAT THER: Nursing Home 5 Reside 28c. INJURY AT WORK? M 1 YES 2 N t, factory, office	H (Check only one) PERI 1 YES H (Check only one) PICE 8 Other (Specify) 28d. OESCRIBE HO 28f. LOCATION (Str. City or Town, St.	W INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	HOSPITAL: 1 One Inperient 2 ER/Out Month, Day, Veer 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, etc. (S)	but not resulting in the street of the stree	26. PLACE OF OEAT THER: Nursing Home 5 Resid: 28c. INJURY AT WORK? M 1 YES 2 N I, factory, office	H (Check only one) ance 8 Other (Specify) 28d. OESCRIBE HO 28f. LOCATION (Str. City or lown, St.	W INJURY OCCURE et and Number or Ru tel and number or Ru tel and stated.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL CE	that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/OL 28e. DATE OF INJUM (Month, Day, Year) 28e. PLACE OF INJUM building, etc. (Sp.	but not resulting in the street of the stree	26. PLACE OF OEAT THER: Nursing Home 5 Resid: 28c. INJURY AT WORK? M 1 YES 2 N I, factory, office	PERI 1 YES H (Check only one) ance 8 Other (Specify) 28d. OESCRIBE HO 28f. LOCATION (Str. City or Yown, St. City or Yown, St. due to the cause(a) end at the time, date and place.	W INJURY OCCURE et end Number or Ru menner se steted.	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO val Route Number,			
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		FOR STATE REGISTRAR		/ DEPARTMENT OF I		NTAL HYGIENE REG. NO.	
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Pages	DIRECTOR	Maryland 10b. county	Baltimore	10c. CITY, TOWN OR LOCA	Dundal	k	19d. INSIDE CITY LIMITS? 1 YES 2 V NO
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YLAND by the hospit be detached at once.		10th Grade 17. FATHER'S NAME (First, Middle, Last) Noble Spurlock		Office Clerk	18. MOTHER'S NAME Mollie S	Bethlehem St (First, Middle, Melden Surname) hort	eel Corp.
, MARYLA be retained by the je 5 should be det	TO BE	19a. INFORMANT'S NAME (Type/Print) Mabel W. Spurlock	1		and Number or Rural Rout	no Number, City or Town, State, Zip Ndalk, Maryla	
BALTIMORE, after death. Page 6 may be you the funeral director, page moval.		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify) 21. SPONATURE OF FUNERAL SERVICE LICENSES	- Holl	EAND DATE OF DISPOSITION (No generatory or other place) LY HULL MEMORY	ial 12-19		ore, Maryland
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24 hours r filled in t flon, or re-		23. PART I. Enter the diseases, or compishock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	nly one cause on each ile	ne.		a cardiac or respiratory arr 10 N AR DISEASC	Interval Between Onset and Death
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TO THE FUNER TO THE FUNER TO THE FUNER	TO BE C	206. SUPURTURE AND TITLE OF CENTIFIER GOSMANANAM	gr Ms)	29c LICENSE NUMBE	2 29d. DATI	E SIGNED (Morith, Day, Year) 2-18-92
フェ		30. NAME AND ADDRESS OF PERSON WHO COM 7811 WISE AVE 31. DATE FILED (Month, Day, Year)		EM 27) (Type, Print) TIMORE	, MAI	24LAND	21222
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH MONTH 3. TIME OF DEATH Joseph P. JOSEPH min 7-30 AM 12 1992 Schmidt 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. CHTHON DAYS HOURS 1V M 2 | F 213-26-2962 YRS. 61 9,1931 Maryland Nov. 9a. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Good Samaritan Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21214 6513 Eastern Parkway United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \bigcirc YES 2 \bigcirc NO IF YES, GIVE WAR OR DATES 55-5711. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 12 Longshoreman 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Joseph Schmidt Helen Wagner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6513 Eastern Parkway Marie E. Schmidt Balto., Md. 21214 20a. METHOD OF DISPOSITION

1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Removal from State
4 🗎 Donation 5 🗀 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Oaklawn Cemetery 12/21/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND AODRESS OF FACILITY Leonard J. Ruck, Inc. Nack T. Sawyna 5305 Harford Rd. Baltimore, Md. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel SEPSIS **Onset and Death** disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): RENAL DISEMSE
SECONDARY TO DIABETIC NO STAGE CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury NEPHROPATHY DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 TES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 10 1 Dipolitiont 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Wittural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

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1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) BHUSHAIY 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) Type, Print) Sam Hosp, 5601 Loch Paven Blud, Ballimore, M) -21239 BHUSHAH, MD Good 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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SINISION OF WITHE RECORDS, P.O. BOX 68780,	CENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af	III. RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	Affect of the state of earth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY DEC. 18,1992 3. TIME OF DEATH YEAR HELEN **SCHABDACH** 8:43 A. M 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Mar) Feb. 5, 1907 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-03-6508 85 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Baltimore DIRECTOR 6717 Queens Ferry Rd. Baltimore RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6717 Queens Ferry Road 21239 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) Clerk C. & P. Tel. Co. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Stella Sobush Constantine Nasuro BE 190. INFORMANT'S NAME (Type/Print)
Justine James 196. MAILING ADDRESS (Street and Number or Flyral Boule Number, City or Flyra, State, Zip, Gode) 6717 Queens Ferry Road Baltimore, Md. 21239 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Durisi 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) More land Memorial Dec. 21, 1992 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21214 Ilddden 5305 Harford Rd. Leonard J. Ruck, Inc. 23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF): SOUAMOUS CELL CARCINOMA OF THE LUNG MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CIGARETTE ABUSE DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii, Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO C.O.P.D. COMPLETION OF CAUSE 1 TES 2 X NO OF DEATH? DIABETES 1 TES 2 NO CORONARY ARTERY DISEASE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Kesidence 6 C Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 1 Natural (Month, Day, Year) 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 ___ MEDICAL_EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER D25010 29d. DATE SIGNED (Month, Day, Ybar) Derena K. Nolan up 12/17/92 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Serena R. Nolan, M.D. 8035 Harford Rd.



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1. DEPERENT'S NAME (First, Middle, Last)

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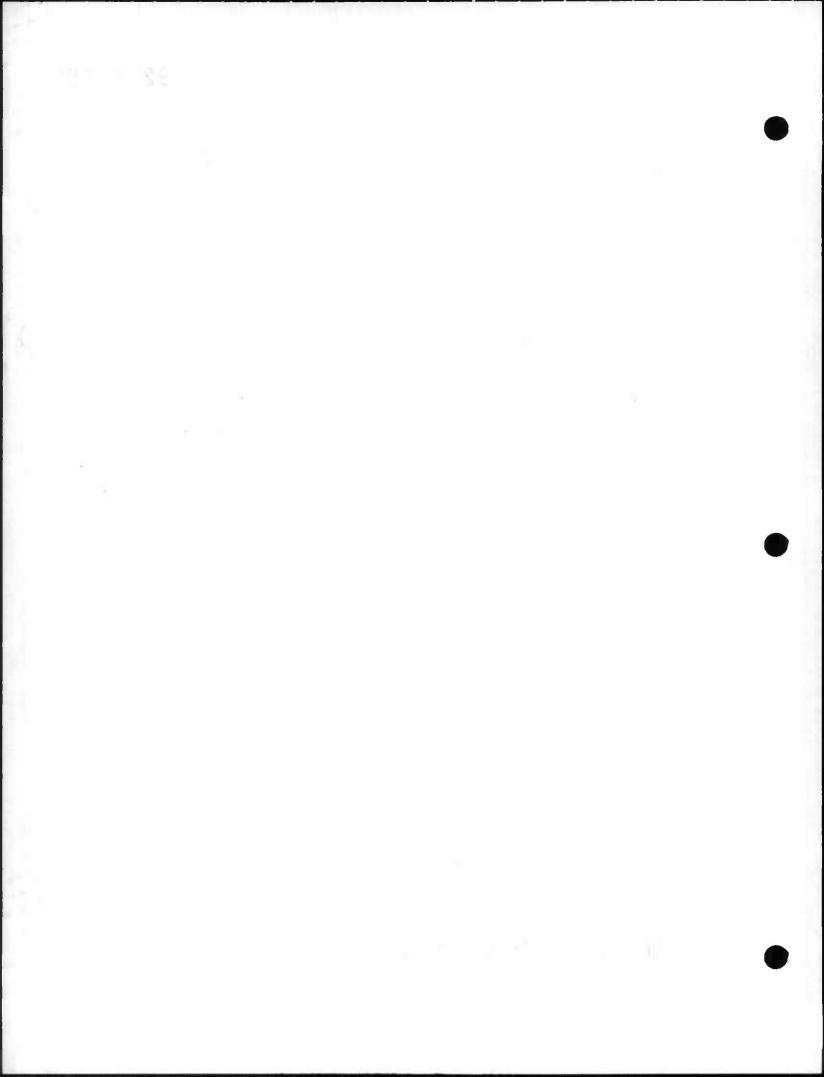
S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 11/30/1919 YRS. Md 219-01-7157 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore 426 Westgate Road RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Baltimore 10d. INSIDE CITY Md 1 🔀 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21229 USA 426 Westgate Road hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried Specify: BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade detached for Elementary/Secondary (0-12) College (1-4 or 5+) Firefighter 12 Baltimore City at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John H. Sparhawk Mabel I. Neighoff the funeral director, page 5 should be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vernice Sparhawk 426 Westgate Road Balto, Md. 99 20e. METHOD OF DISPOSITION
1 🔀 Buriel 2 Cremation 3 Re
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must cemetery, crematory or other place. Loudon Park 12/21 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home, Inc. 736 Edmondson Avenue 21228 medical 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the attending physician and completely filled in by Merital Hygiene prior to burial, cremation, or remo shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final event, the disease or condition resulting in death) THE HOSPITAL OR ATTÉNDING PHYSICIAN: The law requires that the death certificate be executed within THE FLIMERAL DIRECTOR. After this certificate has been signed by the attending physician and completely flied, within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlat, crematified, within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlat, crematified, within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlat, crematified. DUE_TO (OR AS A CONSEQUENCE OF): ASCVA traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? has been signed by I Oept, of Health and shows any ir 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 Residence 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY is marked, 1 🕅 Natural 5 Pending Investigation 1 YES 2 NO BΥ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED a Could not be 28 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D OF FIECL **Thin 72 ho 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DZ 3365 2 2 TED CAUSE OF OEATH (ITEM 27) (Type, Print) DEC 2 1 199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Donald Bruce Sparhawk

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INNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not safe of the cash with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

	REGISTRAR		CI	ERTIF	ICATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3.									3. TIME OF D	DEATH	_
	JUANITA	R.		SMI	тн		December	AY T.O.	YEAR	11.25	Α .	м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	19,		PLACE (State of		_
	215-20-5160	1 M 2 F	68	YRS.	MONTHS DAY		(Month, Day, Year)	00/	Country	V)		
	9e. FACILITY NAME (If not institution, give a	street and number)	00		01 C17Y 70W	N OR LOCATION OF DE	Nov. 8, 1				inia	
œ							ATH	9c. COL	UNTY OF DE	EATH		
잍	Howard County Gen	eral Hosp	ital		Columb	ia		Но	ward			
DIRECTOR	10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OR LO	CATION				10d. INSIDE	name.	_
E E	Maryland Howar	d			umbia				- 1	LIMITS?		
	10e. STREET AND NUMBER	u		COL	ullibra	10f. ZIP CODE		_		1 YES 2		
RA		D. I						10g. CI1	IZEN OF W	HAT COUNTR	Υ?	
FUNERAL	9835 Owen Brown					21045		Uni		tates		
F	1 Never Married 2XX Married	12. WAS DECEDENT FORCES? 1 [YES ZYY	MED IO	13. WAS C	ECENDENT OF HISPAN specify Cuban, Maxica	IIC ORIGIN? (Specify Yes	or No-	14. RACE Black,	- American White, etc.	Indian,	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 🗆 1	ES XX NO Specify	<i>r</i> :		Specify	v.	1 27	
	15. DECEDENT'S EDU	CATION	10- 00	000000000						WHIT	E	
COMPLETED	(Specify only highest grade	completed)	(G	ve kind of v	VSUAL OCCUPA	MION most of working	16b. KIND OF BUS	SINESS/IN	DUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)										
N N	17. FATHER'S NAME (First, Middle, Lest)		nou	sewii	re		Own Ho					
		'Hara					ME (First, Middle, Maiden					
BE		пага				Dorothy		Long	*			
2	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (Street	et and Number or Rural F	Noute Number, City or Tow	n, State, Zi	p Code)			
	James R. Smith	(husband		835 (wen Br	own Rd. (Columbia	Md	21045			
	20a. METHOD OF DISPOSITION XXBurlel 2 Cremetion 3 Rem	oval from State	20b. PLACE A	NDDATE	FDISPOSITION	TSON FORE	DATE 20c. LO	CATION -	City or Tow	vn, State		
	4 Donation 5 Other (Specify)		MARYL	AND	VETERAN	S CEMETER	Y = 12/22/92		INGS	MILLS	MD.	
	21. BIOMATURE OF FUNERIAL SERVICE LIC	ENSEE V			22, NAME	AND ADDRESS OF FAI	ssell C. W	i + - 1-	E	7 7	7	
	Lusqueen	refile			5555	Twin Knol	lls Rd. Co	1 LZK6	e run	eral F	iome	
_	23 PART I Enter the diseases or	complications that	anne debe de	D.						21045	,	
	23. PART I. Enter the diseases, or enter the diseases, or enter the failure.	Liet only one caus	e on each line	eth, Do n	ot enter the i	node of dying, such	n as cardiac or respi	ratory ar	rest,	Approx	imete i Between	,
	iMMEDIATE CAUSE (Finel disease or condition	Donn	/ O A		1-1	0 000					and Death	
	resulting in death)	KESP	IRATO	RY	111	IKESI -						
		DUE TO (C	OR AS A CONSEC	UENÇÉ OF	7:	0 0 1	MONAL					
CERTIFICATION	Sequentially list conditions.	b			COI	S PUL	MONAL	IZ.				
FA	if any, leeding to immediate cause. Enter UNDERLYING	DOE TO (C	OR AS A CONSEC	UENCE OF	7):							
임	CAUSE (Diseese or Injury	C. DHE TO "	OR AS A CONSEC	1151105 0-						1		
Ē	that initieted eventa resulting in death) LAST	502 10 (0	M AS A CUMSEO	UENCE OF	·):							1
!!!!		d										
	PART II. Other eignificent condition	s contributing to d	eath but not re	suiting i	n the underly	ing ceuse given in	Part I. 24a. WAS AN	ALITOPSY	24h	WERE AUTOPS	V EINDINGS	\dashv
MEDICAL	*	_			,		PERFOR	MED?	9	AVAILABLE PRI	OR TO	1
							1 TYES 2	THO		OF DEATH?	OF CAUSE	
Σ							_ '			1 [] YES 2 [NO	1
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:			28. OTHER:	PLACE OF DEATH (Che	ck only one)					
ΥS	1 VES 2 NO		ER/Outpatient 3	□ DOA		ome 5 - Residence	S Other (Specify)					1
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day)	NJURY (Year)	28b. TIME		NJURY AT WORK?	28d. DESCRIBE HOW IN	UNITED OC	CURED			1
B	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 NO						
	3 Suicide s Could not be	28a, PLACE OF building, et	INJURY — At hor	ne, ferm, s	treet, factory, of	fice	28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,		٦
E	4 Homicide determined						ony or rown, otaley					1
3	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	y knowledge, des	th occurre	d at the time da	te and place, and due	to the cause(s) and man		to d			1
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the besis of axe	mination and/or in	vestigation	n, in my opinion	death occured at the	lime data and place and	d due to the	ho councis)	and manner i	m odestu il	1
ŭ	29b. SIGNATURE AND TITLE OF CERTIFIER											┙
BE	The of CENTRE	The The	11111	h- 1),	29c. LICENSE NUM	861			Month, Day, Ye		
2	30. NAME AND ADDRESS OF BERROW	O COMPI TOTAL	25.05.	17.1		IDLT	0 01,		ノー	19-9.	_	
	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM	27) (Type,	Print)	12	C = 0 = =				110	1
	PET		NNA	M	· D /	12708.	SERPENTI	ME	WA	1,00.	MD,	
	DEC 21 1992	July Day	s signative or							20	904	
- 1	115 6 1 1336 (,	П

permit. Pages 1, 2, 3 should

the burial-transit

THE HOSPITAL

BE

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29h SIGNATURE AND TITLE OF CERTIFIER

1992

DEBEA

31. DATE FILED (Month, Day, Year)* DEC 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

38. REGISTRAR'S SIGNATURE

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	Pis C	Ked,
	THE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use sine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Seeol, Stautt Fi. # 11-67-32 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. CEDENT'S NAME (First, Middle, Lis 2. DATE OF DEATH 是 50 218-32-1 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Morith, Day, Year) 3/12/1901 RTHPLACE State for Foreign 69 -11 DAYS 1 M 2 F 91 POLAND . 60 PI 9a. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH LEVINDALE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY BALTIMORE MARYLAND BALTIMORE 1 TES 2 MO 10g. CITIZEN OF WHAT COUNTRY? USA 10f. ZIP CODE 21208 FUNERAL 3315 WOODVALLEY DR 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, atc. PRCES? 1 YES 2
YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 Never Married 2 Married Specify: WHITE BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Flamentary/Secondary (0-12) College (1-4 or 5+) OWNER **JEWELRY** 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnam DEBORAH GUZICK SOKOLSKY DAVID BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zio Code) 2 MRS. ABBY SILVERSTEIN BALTO. 3315 WOODVALLEY DR. MD 26g. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Burial 2 Cramation 3 Ramovat from State 4 ☐ Donation 5 ☐ Other (Specify) BETH TFILOH 12/16/92 BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ellensie SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ Kneumonia Aspiration reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): vascular accident cerebral CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE PHYSICIAN: MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: tient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

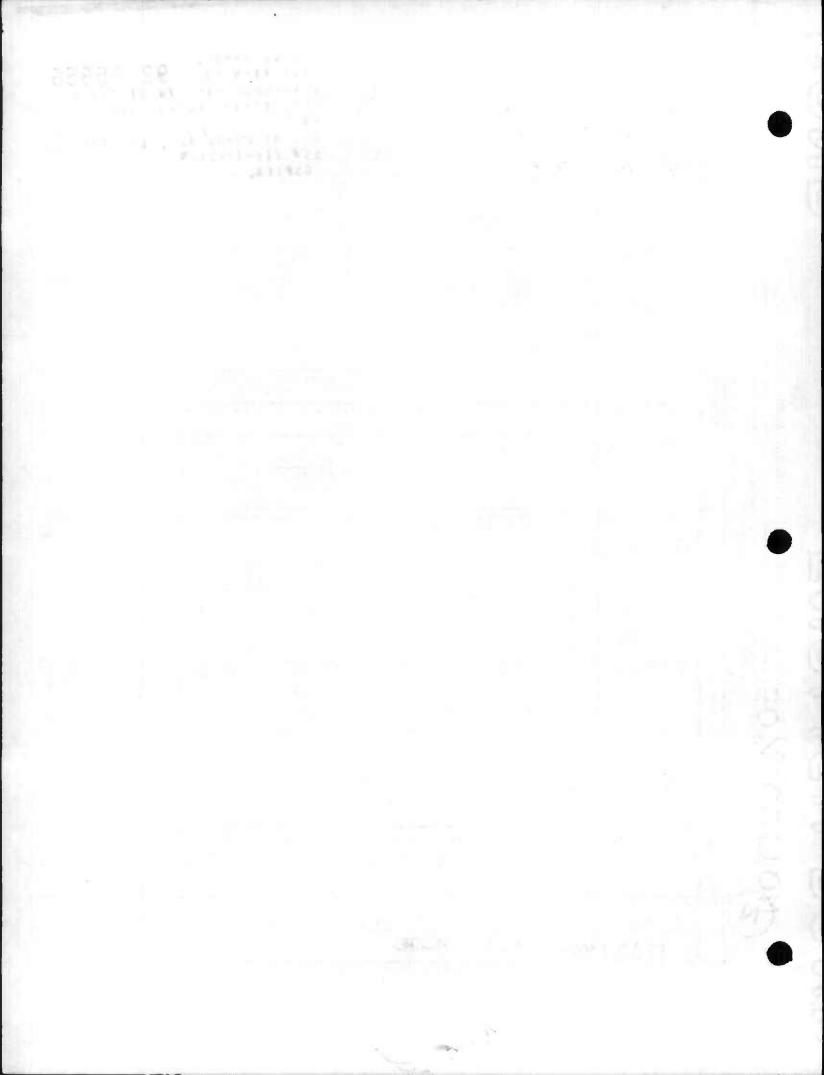
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

2434 W. Belvedere Ave

29d. DATE SIGNED (Month, Day, Year)

21215



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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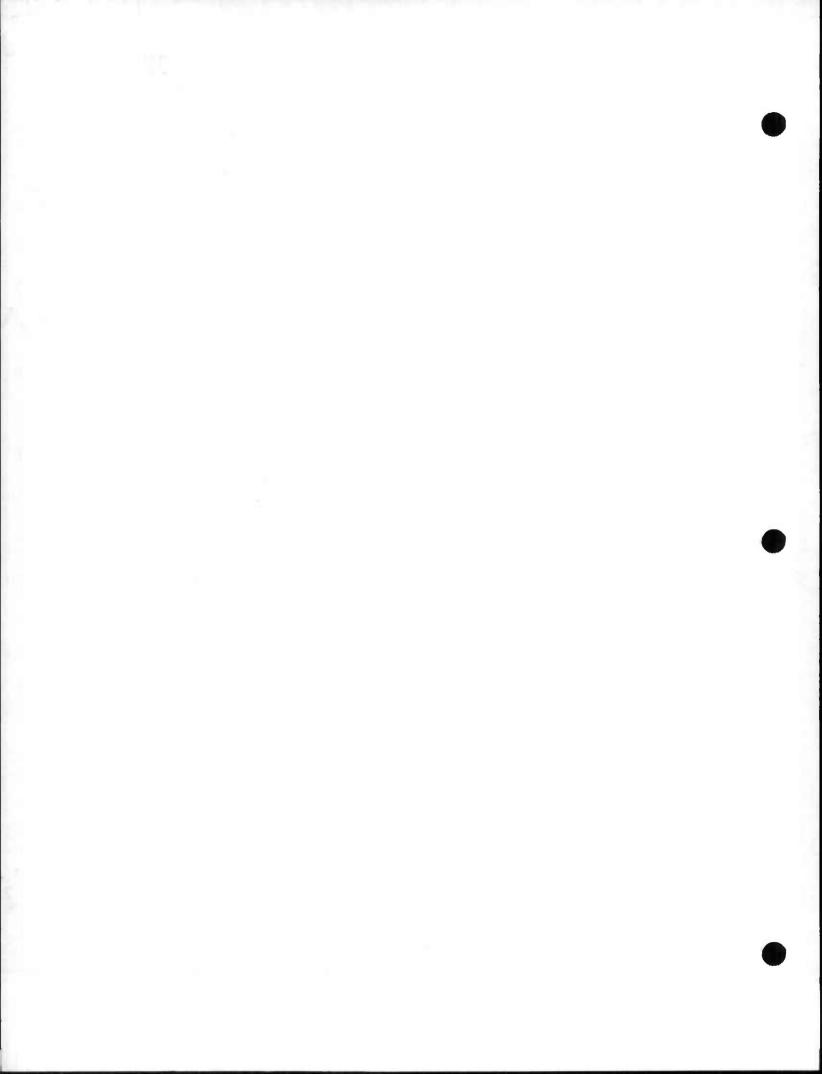
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									92	35	5657
	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR CERTIF				MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Blake	Stella					2. DATE O MONTH / 2	F DEATH D		YEAR 3.	7:45 PM
	4. SOCIAL SECURITY NUMBER 152-44-7107 9a. FACILITY NAME (# not institution, give str	1 M 2 X 9	yrs. last birthday) YRS.	MONTHS	DAYS Y, TOWN C	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	Aug.	Day, Year)		Country)	Jersey
DIRECTOR	Hebrew Home of RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Mont		10c. CIT	Y, TOWN	OR LOCAT				Мо	ntgo	Mery d. INSIDE CITY LIMITS?
	104. STREET AND NUMBER 6121 Montrose I	tgomery Road	K	OCK	vil.	20852			10g. CITI		YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO		If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	en, Puerto Ri		or No-		American Indian, fhite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION (completed) College (1-4 or 5+)	6a. DECEDENT'S (Give kind of v life. Do NOT us Homem	vork done se retired.)	during mo	DN st of working		OWn			
BE COM	17. FATHER'S NAME (First, Middle, Last) Louis Kapner					own home 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hilma Unknown					-
TO B	199. INFORMANT'S NAME (Type/Print) Stephan Blake					ind Number or Rural I	rt,R	eist	erst	own,	
	20a METHOD OF DISPOSITION 2 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	MC	LACE AND DATE OF	n on	Cer		92	4 _20c. 1.0 Is	cation — elin	City or Town,	, State W Jersey
	Lia D. M	Clain		I	ves	Pearso	n Fu	2220	1		
	IMMEDIATE CAUSE (Final	DUE TO (OR AS A C	h Ilna.					ac or resp	ratory srr	eat,	Approximate Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							AN CC Of	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100	HOSPITAL: 1 Inpatient 2 ER/Outpati	ent 3 🗆 DOA	OTHE	A:	ACE OF OEATH (Ch					
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY —	INJ	28b. TIME OF INJURY AT WORK? M 28c. INJURY AT WORK? 1 YES 2 NO		PIK?	28d. DESCRIBE HOW INJURY OCCURED				
COMPLETED	3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYSIC	building, etc. (Specify))				City or	Town, State)		or Rural Rout	a Nulmoer,
		t: On the besis of examination e					time, date a		d due to th	e cause(e) er	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	1- (100)				PSS			DATE	SIGNED (M	onth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6171

31. DATE FILED (Month, Day, Year)
DEC 2 1 1992 July Dandson-Mandelle



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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NG PHYS	DESCOBATER this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hours arier death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E HOSPITAL OR ATTENDING	IERAL DIRECTOR After	nin 72 hours after death	ANT: If item 28 is mai
TO THE HO	TO THE FUI	be filed with	IMPORTAL

1 Detural
2 Accident
3 Suicide

4 Homicide

BE COMPLETED

9

6 Could not be determined

						92	35658
					MENTAL HYGIEN	E	
-	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	W VE	3. TIME OF DEATH
	Clarence Shiffle	. ++			12-117	192	11:40 PM
		VGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
-	217-26-5894 10420F	63 YRS.	MONTHS DAYS	HOURS MIN.	02 01	29	MARYLAND
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
6	Herry Heducal Cemter		Ball.	MA		city	
5	RESIDENCE OF DECEDENT						
#	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.						
ā	HO.		BAL	TIMORE			1 X YES 2 NO
	10a. STREET AND NUMBER		101	ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?
8	1134 Roland Hats. A	L12000 11 A		2121	1		
FUNERAL					•		SA
5	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married FORCES? 1 ST YES, GIVE WAR (2 NO Specify			Specify:
	3 Widowed 4 Divorced						white
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	S USUAL OCCUPATIO	N	16b. KIND OF BUS	SINESS/INDUST	RY
	Elementary/Secondary (0-12) College (1-4 or 5+)	Itte. Do NOT L	work done during mos use retired.)	st of working			
리	9TH	HEAVY	DUTY EQU	TP. OPER.	. BAT.	TIMORE	CITY
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1122212	2011 200		ME (First, Middle, Maiden		0111
	ALBERT LEE SHIFFLET	יקיי			R PEARL DA		
BE	19a. INFORMANT'S NAME (Type/Print)						
2					noute Number, City or Tow		,
	ALICE SHIFFLETT	1134	ROLAND I	HEIGHTS A	AVENUE, BA	LTO., I	MD. 21211
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cometery, crematory or T.ORRATME			DATE 20c. LO	CATION — City	or Yown, State , MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	BORGGIINE					
- 1		4 11	A. ALA	IN SEITZ	JR. FUNE	RAL HO	ME
	· a. Glan Seit	./2	3818 H	ROLAND AT	VENUE, BAL	TO., M	D. 21211
	23. PART I. Enter the diseases, or complications that car	used the death. Do	not enter the mo	de of dylna, such	n as cardiac or resol	ratory arrest	Approximate
	ahock, or heert fellure. List only one cause of	on each line.		, , , , , ,		ratory arrest,	Interval Between
1	IMMEDIATE CAUSE (Finel disease or condition		•				Onset and Death
	resulting in death)	reatic	Car	rer			
		AS A CONSEQUENCE O					
2							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE C	OF):				
¥	cause. Enter UNDERLYING						
8	CAUSE (Disease or Injury that initiated events DUE TO (OR	AS A CONSEQUENCE O	OFI:				
Ē	resulting in death) LAST		. ,				į
	d						
	PART II. Other algnificant conditions contributing to dea	th but not resulting	In the underlying	cause given in	Part I. 24e. WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS
3			und undurrynng	outed given in	PERFOR		AMAILABLE PRIOR TO
ă	Diabetes Mellite	٥)			1 [] YES 2	□ NO	OF DEATH?
뿔ㅣ	Hypertension						1 TES 2 NO
Ş					_		
Z	25. WAS CASE REFERRED TO MEDICAL		26. Pt	ACE OF DEATH (Che	ack only one)		
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 1 G-Modified 2 ER		OTHER:		1		
₹					6 Other (Specify)		
	27. MANNER OF DEATH 1 Defural 5 Pending 26e. DATE OF INJURY. Month, Day, 16		JURY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
'n	2 Accident Investigation		M 1 🗆 Y	ES 2 NQ			

26a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

12/11/92

1 VERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death

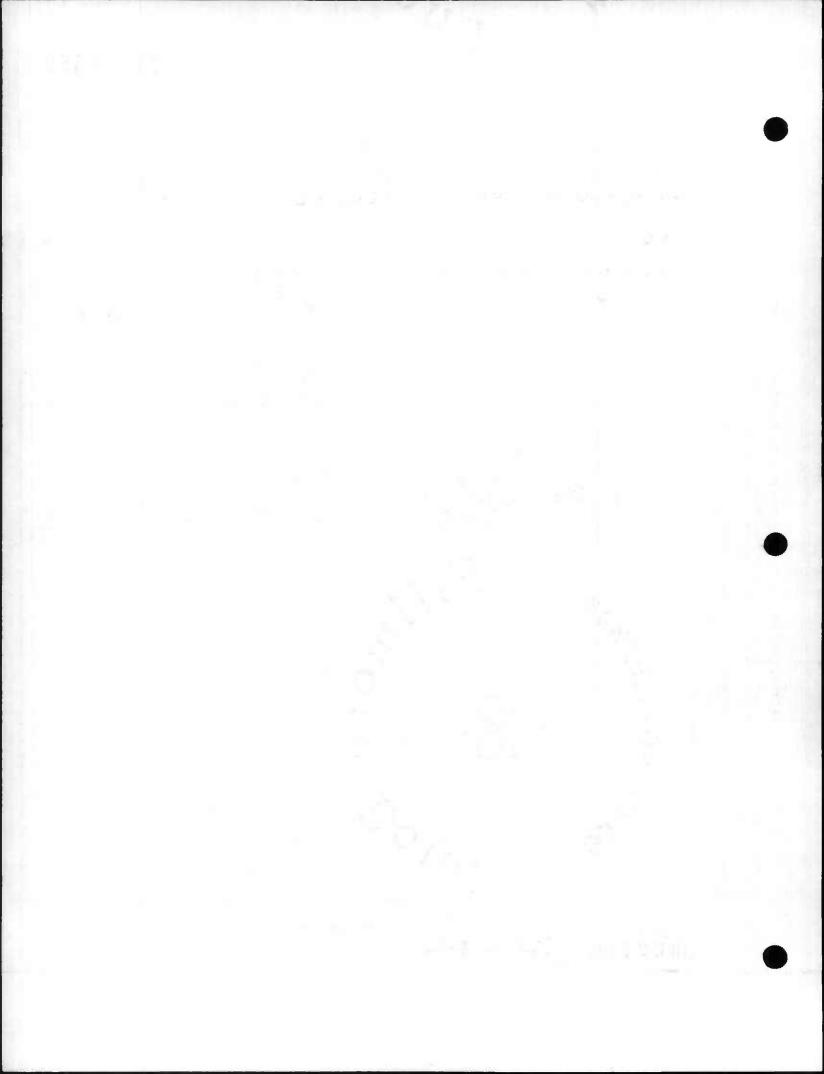
29b. SIGNATURE AND TITLE OF 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

NAME AND ADDRESS	OF PERSON WI	HO COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type, Print)
1		11. 1	A.A.	O

Lourtney in	Houchen	M. D
C 2 1 1992	32 BEGISTRAR'S	SIGNATURE

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NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Page		
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
1	CATHERINE LO	UISE TH	ORNTON			Dec 12	1992	11:20A M	
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign	
	213-20-0280	1 M 2 X F	78 YRS. MO	NTHS DAYS	HOURS MIN.	(Morth, Day, Year) Mar 2 19	Coun M ⇒		
- 5	9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
CTOR	Medbridge Nurs	ing Center		Ros	edale		Balt	imore	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY TOWN OR LOCATION 11								10d. INSIDE CITY LIMITS?	
								1 X YES 2 NO	
To. STREET AND NUMBER 109. CITIZEN OF WH. 109. CITIZEN OF WH. 109. CITIZEN OF WH. 109. CITIZEN OF WH. 109. CITIZEN OF WH. 109. CITIZEN OF WH. 109. CITIZEN OF WH. 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARIMED FORCES? 1 YES 2 NO. 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No							WHAT COUNTRY?		
剪	8 Randor Drive				19968	3	U	ISA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER II FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No — 14, RAC	E — American Indian, ck, White, etc.	
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Speci		Spec	olfy:	
	15. DECEDENT'S EDUC	ATION						Black	
COMPLETED	(Specify only highest grade of	completed)	(Give kind of work ille. Do NOT use re	done during mo		16b. KIND OF BUS	INESS/INDUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)							
M	17. FATHER'S NAME (First, Middle, Last)	ollege	C1	erk				d. & Welfa	
	CONTRACTOR AND AND AND AND AND AND AND AND AND AND					AME (First, Middle, Maiden S	Surname)		
BE	Henry A. Black	well	Erzenina a			Johnson			
2						Route Number, City or Town			
	Alton Scott	Lan	18 Ran			Milton, I			
	20e. METHOD OF DISPOSITION 1 \(\Omega\) Burlal 2 \(\omega\) Cremation 3 \(\omega\) Remo	vat from State cen	PLACE AND DATE OF Di netery, crematory or other	place)	me of	1	ATION — City or T	CASSACTION	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		oudon Pa	rk		12/16 Ba 1	timore	, Maryland	
2	A Day A &	ensee		2501	Gwynns	Falls Pa Maryland	Funera: arkway	l Homes, In	
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do not	enter tha mo	de of dving, suc	hat y Lanu	atory arrest.	Approximate	
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	list only one cause on e	ach Ilna.			Arrest	,,	Interval Between Onset and Death	
	resulting in death)	DUE TO (OR AS A	CONSTQUENCE OF):	100000	The state of the s	111631		-	
Z		Corona	our an	Lesus	dx				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	PUE TO (OR AS A	CONTEQUENCE OF):	00	2.11	1	0		
3	cause. Enter UNDERLYING	Hype	flore	00	ardi Va	scular d	X		
Ē	CAUSE (Disease or injury that initiated events	OUE TO TO AS A	CONSEQUENCE OF):	-0	0	0.1	1-		
E	resulting in death) LAST	. Cl	D'incorr	RE	nal.	failure			
	PART II. Other algolificant conditions	contributing to death b		. Harman					
SAL	one agricult conditions	contributing to death b	at not resulting in t	ne underlyini	g cause given in	Part I. 24a. WAS AN A		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC						1 □ YES 2	(NO	OMPLETION OF CAUSE OF DEATH?	
						_ '	`	1 YES 2 NO	
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL THER:	ACE OF DEATH (C	neck only one)			
YSI	1 YES 2 NO	1 Inpetient 2 ER/Outp			e 5 🗆 Residence	6 Other (Specify)			
표	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 7	ES 2 NO				
COMPLETED	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	rt, factory, offic		28f. LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,	
9	29a. CERTIFIER	MAN. 7- 41 - 1	. W. 5 % _	7357					
MP		HAN: To the best of my know							
8		t: On the basis of sxamination	. and/or investigation, is	i my opinion, d	eem occured at the	tirne, data and place, and	due to the cause(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Klean.	40		29c. LICENSE NU	MBER 5391	P /2	0 (Month, Day, Year) -14-92	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH CHEN 27) (Type Prin	n) A	allin	one M	22	1239.	
	31. DATE FILED (Month, Day, Year)	1. 32 REGISTRAR'S PIGN	AVIOL.		at I va	yue "	0-1		
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law requires that the death certificate be executed within
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEAT	TH
1 8	RONALD WILEY					12	18	92	9:20	P
		r arv							-	
1 3			AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		6. BIRT	HPLACE (State or Fo	oreign
	22 38 1046	1⊠M2□F	SO YRS.		MOUNTS MINN.	1-5A 3	1942	10	ARYLAN	0
	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c, C0	UNTY OF	DEATH	N.
Œ	THE JOHNS HOPKINS	HOSPITAL		BALTI					E CITY	
DIRECTOR	RESIDENCE OF DECEDENT	HODITIAL		BALLI	FIORE		DAL.	LITTOR	E CIII	
) N	10e. STATE 10b. COUNTY		100.00	Y, TOWN OR LOCA	TION					
~	(C) = 0.41		100, 01	Y, IOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	1
0	1 (ARYLAND		1	ALI: M	ORE				VES 2	NO
7	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?	
FUNERAL	427 Luman	010			Darie			17 5	\wedge	
Z	101 DIMI	11/1			01901			0-0	· 17·	
5		12. WAS DECEDENT EX	YER IN U.S. ARMED		CENDENT OF HISPA			14. RAC	E — American Indi ck, White, etc.	en,
	1 Never Married 2 Married	IF YES, GIVE WAR			20 NO Specif		nu.,	Spec		
BY	3 Widowed 4 Divorced							U	1.4115	
8	15. DECEDENT'S EDUCA		18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND	OF BUSINESS/II	NDUSTRY		
	(Specify only highest grade of		(Give kind of life. Do NOT u	work done during m se retired.)	ost of working					
١٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Tair		000	70				
2	10/10-		70/26	JOR L	BLOKAK	210				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Meiden-Sumame,)		
Ш	[]ALCOM	A. Wil.	5		AL.	5 M	P1167	H		
0	19a. INFORMANT'S NAME (Type/Print)		7	ADDRESS /Street	and Number or Rural	Boute Number City	7.7	4	_	
2	- 1)	0.00		0.000	A - A	0	or rown, Stelle, 2	cip Coos)		
		OROS		741.18	HS H	GOVI				
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ﷺ, Cremation 3 □ Remov	mi fener State	20b. PLACE AND DATE		ame of		Oc. LOCATION -	- City or T	own, Steta	
	4 Donation 5 Other (Specify)	all from State	eemetery, crematory or o	OU OII	SMATOR	13-19	BALTO	17).	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0123 (1)	22 NAME A	ND ADDRESS OF E	CHITY S		1		
	618	A		SVAC	ND ADDRESS OF FA	IOFIIL	WOB12	2		
	Laura De 10	ms/h		880	OHARF	Enga Ra	AO - PE	10ki	ZLLi	
	23. PART I. Enter the diseases, or co		used the death. Do							
	ahock, or heart failure. Li	st only one cause	on each line.	not enter the m	de or dying, suc	m as cardiac of	respiratory a	irrest,	Approxim interval B	
	IMMEDIATE CAUSE (Final								Onset and	
	disease or condition	UPPEL.	GASTRALI	JESTIA.	AL BI	FED			31	200
Į i	tooding in down,	DUE TO (OR	GASTRO II	f):	,				Joan John	-4>
- 1	_	#12071+c	141000	DETAL					111	
ō	Sequentially list conditions, b.	DUE TO JOB	AS A CONSEQUENCE OF	M3642	4				loa	45
E	If any, leading to immediate cause. Enter UNDERLYING		_						i	I
0	CAUSE (Disease or injury		s epilei						tda	45
쁜	that initiated events	DUE TO (OR	AS A CONSEQUENCE O	F):						V
CERTIFICATION	resulting in death) LAST	AIDS							1140	w
ᆼ		/							1	
CAL	PART II. Other significant conditions	contributing to dea	th but not resulting	In the underlyin	g cause given in		AS AN AUTOPS	Y 24	. WERE AUTOPSY F	
	HIV DEMEN	TA					ERFORMED?		MAILABLE PRIOR COMPLETION OF	
ā				_		— ¹⊔	YES 2 NO		OF DEATH?	
¥									1 YES 2	No
ä									. /	4
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (CA	eck only one)				
20	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:	9.A20. S	-0	4.			
ž l	27. MANNER OF DEATH	28a. DATE OF INJ			te 5 Residence					
급	1 Netural 5 Pending	(Month, Day, Y	URY 28b. TR	JURY 28c. IN.	DRK?	28d. DEŞCRIBE	HOW INJURY O	CCURED		
B	2 Accident investigation			M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be	28s. PLACE OF IN	JURY — At home, farm,	street, factory, offic	•	26f. LOCATION	Street and Numb	er or Rural	Floute Number,	
G	4 Homicide determined	building, etc.	(Specify)			City or Town	, State)			
<u> </u>	AN AFFERING C									
4	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my	knowledge, death occur	ed et the time, date	and place, and due	to the cause(a) a	nd manner as st	lated.		
COMPLET			nation and/or investigation						a) and manner as =	tated.
8										
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	> -	***		29c. LICENSE NU		29d, D/	ATE SIGNE	O (Month, Day, Year)	
8		2	w		17801	2	>	12/1	X150.	
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (Type	, Print)				7'	0102	
	MIVA VAVP	in 1 m	0 /200	MAIL	T Cot The	150			.00	
/ I	FIRATAREF	11/1	N 608 K	700 C1.	EST DU	4611	DHO	(M	arco	
1		32. REGISTRAR'S	SIGNATURE							
	31. DATE FILED (Month, Day, Year)	115 0 9 1	1992		-Mandale					



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, EDIVISION OF VITAL RECORDS, P.O. BOX 68760, EDIVISION OF VITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found to use as the burial-transit permit. Pages 1, 2, 3 should be found by the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANE, If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						IOAII		DEA		HEG. NO.		
	1. DECEDENT'S NAME (First,			T-50 %						2. DATE OF DEATH DECEMber	in and	3. TIME OF DEATH
	William Edmund Wilson											
	4. SOCIAL SECURITY NUMBER 5. SEX 717 07 8071. 1			8. AGE (In yrs.)	lest birthday) YRS.	IF UNDER MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH 09/11/189	6 M	ARTHPLACE (State or Foreign country).
	9a. FACILITY NAME (If not in:		treet and number)	/-		9b. CITY	, TOWN (OR LOCATI	ON OF DE		9c. COUNTY	
DIRECTOR	Meridian Nursing Home Loch Rave						Bal	timo	re			imore County
1 E	104. STATE	10b. COUNT	γ		10c. CIT	Y, TOWN	OR LOCAT	TION				10d, INSIDE CITY
	Maryland	Balt	imore				ltim					1 YES 2 NO
\₹	100. STREET AND NUMBER						101	. ZIP COD			10g. CITIZEN	OF WHAT COUNTRY?
ÿ		nam Wo	ods Road					21	234			USA
FUNERAL	11. MARITAL STATUS	4000	12. WAS DECEDEN FORCES?	YES 2	ARMED NO	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
B	1 Never Married 2 S		IF YES, GIVE Y	1918				2 NO				Specify: White
B		EDENT'S EDU		16a. I	DECEDENTS	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	INESS/INDUSTI	
COMPLET	Elementary/Secondary (0		College (1-4 or 5		(Give kind of fe. Do NOT u	se retired.)	aunng ma	ist of world	ng			
필	8				Condu	etor				Rail	road	
0	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)	
BEC	William	Clav	Wilson	n					Rac	hael Fer	nton	
	19a. INFORMANT'S NAME (7)				196, MAILING	ADDRES	S (Street a	ind Number		Route Number, City or Town	n, State, Zip Code	0)
임	William D. W	Hilson			422							rland 21236
	20a. METHOD OF DISPOSITI	ON		20b. PLAC	E AND DATE						CATION — City	
1	1 Burlei 2 Crematio 4 Donation 5 Other	(Specify)		Wood	lawn		_					County, Md
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	1						uneral Hom		
- 3	dan	120	2	Mu								ryland 21221
	23. PART I Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure.	List only one cer	on each li	pira	tion	Í	9		na recu		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
	PART II. Other algoritical	nt condition	e contributing to	death but not	sacultina.	In the re	and a ministra		40 to	D. 41 D. 1110		
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause gives the state of t					given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WE'RE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 27 NO				
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			1-6-		ACE OF D	EATH (Che	ack only one)		
\SI	1 TES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4X Nur	H: sing Hom	6 5 🗆 Re	esidence	8 Other (Specify)		
Ŧ	27 MANNER OF BEATH		28s. DATE OF (Month, D		28b. TIN	IE OF JURY	28c. INJ	URY AT		28d. DEŞCRIBE HOW IN	JURY OCCURE	D
ВУ	Netural 5 1	Pending Investigation	,	-,,	1	M		YES 2	NO			
	3 Suicide 6 0	Could not be determined	28e. PLACE C building.	F INJURY — At I etc. (Specify)	home, farm,	street, fact	lory, offic	•		281. LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Number,
COMPLETED										to the cause(s) and man		ise(s) and manner as stated.
w	296. SIGNATURE AND TITLE			mM					ENSE NUM			NED (Month, Day, Yylar)
10	30, NAME AND ADDRESS OF	Wines.	nu no	1				D	15	414	/a	2/22/92
1	Vuono	V	N N	GUY-	EN 27) (Type	MD.	P	m E	301	yn Rd 21	234	(12/21/92
	0EC 2 1 19	92	Juli BURK	E'S SISTEMPLE	M.				01	7		

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31. DATE FILED (Month, Day,

S. Green&

33. REGISTRAD'S SIGNAPHRE

Estelle WEINER (ESTELLE WEINER) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 119-20-8306 1 - M 2 X F Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION UMMS Bultinors DIRECTOR UNIVERSITY HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Bult BALTIMORE permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE Dr. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

8. merked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified et once. 350 Journ HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 🐘 Ma IF YES, GIVE WAR OR DATES 1 TYES 2 NO BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) DEPT. 12 SUPERVISOR -17. FATHER'S NAME (First, Middle, Last) 16. MOTNE FRANK STEINBERG RU 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 BERNARD WEINER 20b. PLACE AND DATE OF DISPOSITION (Name of METNOD OF DISPOSITION
Burlel 2 Cremation 3 Removal from State HEBREW YOUNG MEN Donation 5 - Other (Specify) 12/ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS lensu SOL LEVINSO Levy nos 23. PART I. Enter the diseases, or complications that caused the death. Do not enter ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition RESpinatory resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) Progressive 5 mall CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse give MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEA HOSPITAL: OTHER: 1 | YES 2 ng Home 5 🗆 Real 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF Maturel 1 YES 2 | В 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 6 Could not be DIRECTOR: /
hours after o COMPLETED 4 Homicide 29a. CERTIFIER 1 _ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, e HJNERAL I 2 MEDICAL EXAMINER: On the basis of

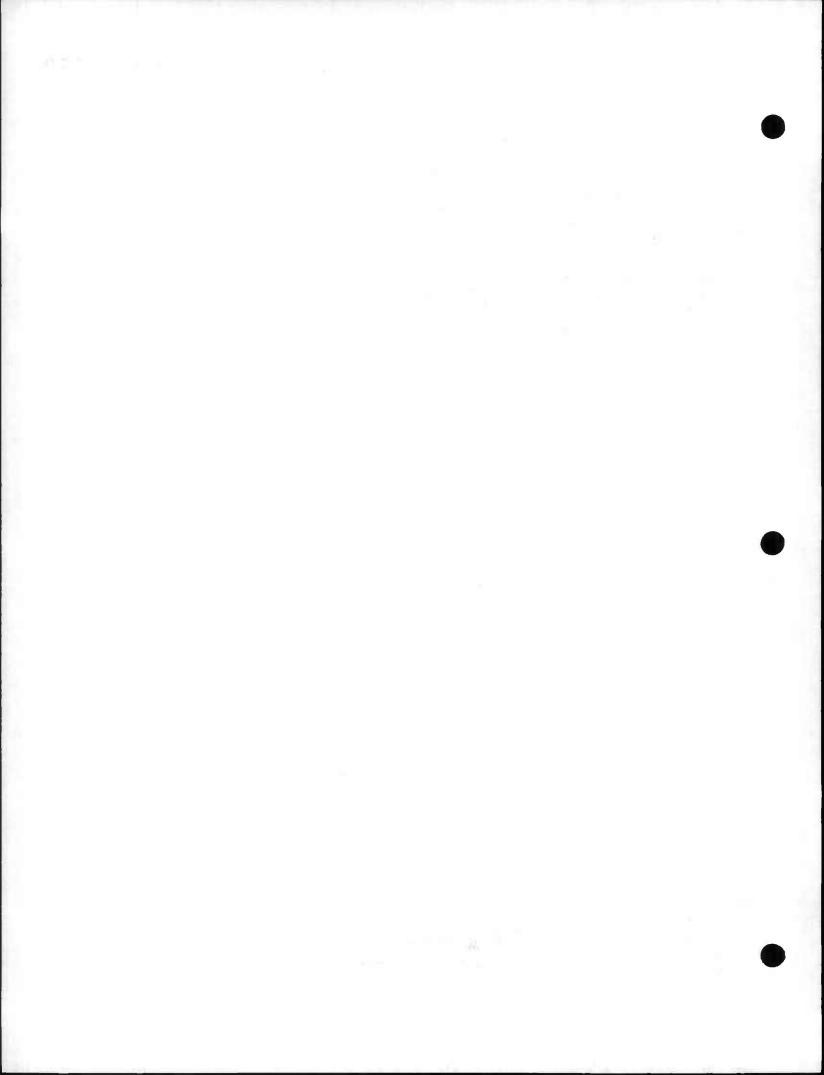
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last,

1 -

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STATE OF MA			IENT OF HEALTH AND ATE OF DEATH		HYGIENE REG. NO.		
telle	(ESTE	LLE V	VEINER)	2. DATE OF MONTH	2 DAY 13	YEAR 92	3. TIME OF DEATH
□ M 2 💢 F	AGE (In yrs. le:	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.		6/30	Countr	. NY
sity HOSE	PITAL		Bultians	DEATN	9c. CO	UNTY OF D	EATN
- .	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
۲.			10f. ZIP CODE	21:		TIZEN OF V	VHAT COUNTRY?
2. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2		13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 (19) NO Speci	an, Puerto Rica		14. RACE Black Speci	- American Indian, t, White, atc.
TION mpleted) College (1-4 or 5+)	(G	CEDENT'S USU Silve kind of work Do NOT use re PERVISO		S	nd of business/in TATE OF I SERVICES		AND
			16. MOTHER'S N. RUTH		die, Meiden Sumeme) ENBERG		
			DRESS (Street end Number or Rural		City or Town, State, 2 MORE, MD		44
of from State	20b. PLACE cometery, cre HEB	AND DATE OF D	SANN DR ISPOSITION (Name of DNG MEN 12/15	/92	BALTO.		wn, Slate
Levi	1007	_	22. NAME AND ADDRESS OF F SOL LEVINSON 6010 REISTERT	& BROS	DATIO	MC	21215
t only one cause	on each line	Fall	enter the mode of dying, su	ch ss cardiac	c or respiratory a	rrest,	Approximate interval Between Onset and Death
DUE TO (OR	AS A CONSE	QUENCE OF):	I cell Lung	CANC	.EC		
DUE TO (OR	AS A CONSE	QUENCE OF):					
contributing to de	ath but not	resulting in t	he underlying ceuse given in		Ia. WAS AN AUTOPS' PERFORMED? YES 2 NO	7 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IOSPITAL:	R/Outpatient 3		26. PLACE OF DEATN (C THER: Nursing Home 5 Residence		ipecify)		
28e. DATE OF INJ (Month, Day,		26b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCR	HBE NOW INJURY O	CCURED	
28e. PLACE OF IN building, atc.	JURY At ho (Specify)	ome, ferm, stree	et, factory, office	261. LOCATIO	ON (Street and Numb lown, State)	er or Rural F	Route Number,
			t the lime, date and place, end du n my opinion, death occured at th				end manner ee stated.
/ n	land	W-	Ng & MD	RSOM	29d. DA	TE SIGNED	(Month, Day, Year)
	F DEATH (TE	M 27 Capin, Pri	Balt Ma	121	201	- Annia	



ed for use as the burial-transit permit. Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	minimity. Index side desir min the Cast Oept. Or begin and injury, or other traumatic event, the medical examiner must be notified at once
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TEN	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	00
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-	16- 3	· E

MPORTANT: If Item

31. DATE FILED (Month, Day, Year)

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1 1992

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DOROTHY E. ZAKE CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12/18/92 3. TIME OF DEATH ake 00 Doroth 12 6. AGE (In vrs. lest birthdev) JE UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Fo _M XXX F DAYS HOURS 08/31/16 217-56-2618 76 YRS MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HOWARD MARYLAND ELLICOTT CITY 1 TES 2XX NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? 4650 DOWER DRIVE 21043 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 VINO 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, 2 XX 1 Never Married 2 Married BY Specify WHITE 3√Widowed 4 □ Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) intary/Secondary (0-12) College (1-4 or 5+) 12th OWN HOME HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) RICHARD KATHERINE E. LINDER BE **FITZGIBBONS** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 CARSON ZAKE JR. (SON) 4650 DOWER DRIVE ELLICOTT CITY, MD 21043 20e. METHOD OF DISPOSITION

XTX☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State WOODLAWN CEMETERY 4 Donation 5 Other (Specify) 12/22/92 WOODLAWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23/ PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betw IMMEDIATE CAUSE (Final Onset and Death Introcerectal Homorshago disease or condition_ Accute resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 TES 3 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 2 Accident M 1 YES 2 NO 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, occured at the time, date and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, BE 29c. LICENSE NUMBER 22856 2 DORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) d. LEUCNE 11055 WHORATURE OF

32. RECHSTRAR'S STRATULE 12

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MOSTAND, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

MISCOOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should writh the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR A D C LL E E D D A LL C									3. TIME OF DEATH					
	ARCHIE F. B							12 16 92			1:30 P M			
	4. SOCIAL SECURITY NUMBER	5. SEX				R 1 YEAR	-	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		
	227-10-0398		1 M 2 F	83 YRS	MONTHS	DAYS	HOURS	MIN.	06		09	GOOTH	V XA	
_	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											EATH		
5	3429 Edmond	son	Ave.			Baltimore								
딥	10a. STATE 10b.	10c. C	ATY, TOWN	OR LOCA	TION						10d, INSIDE CITY			
Maryland Baltimore									LIMITS7					
A	10e. STREET AND NUMBER							r. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
3429 Edmondson Avenue 21229								\mathcal{U}	.S.A.					
							CENDENT (OF HISPAN	NIC ORIGIN?	(Specify Yes	or No-	14. RACI	E — American Indian,	
	15. DECEDENT			1.2										Didek
COMPLETED	(Specify only highe	st grade	completed)		Give kind iife. Do NO!	of work done use retired.	during me	ost of world	ing	16b.	KIND OF BUS	SINESS/INE	DUSTRY	
7	Elementary/Secondary (0-12) 3 r d		College (1-4 or 5		Labor		,			- 1	Beth	loho	n	+001
NO	17. FATHER'S NAME (First, Middle, L	asi)			Labor	CI	*	18. MOT	HER'S NA	ME (First. M	iddle, Maiden		:111 3	teel
BE C										, , , , , ,				
TO B	19a. INFORMANT'S NAME (Type/Pri	nt)			19b. MAILI	NG ADDRES	SS (Street	and Numbe	r or Rural i	Route Numbe	or, City or Tow	n, Statu, Zip	Code)	
۲	Penny M. Ba	nks			3429	Edn	nond	son	Ave	./Ba	ltim	ore.	MD	21229
	26a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3	□ Remo	oval from State		ACE AND DAT	E OF DISPO	SITION /N			DATE		CATION -		
	4 Donation 8 Other (Special Signature Of Funeral Service)	-		_ Ga	rrisc	n Fo	res				Owi	ngs	Mil	ls, MD
1	21. SIGNATURE OF FUNERAL SER	VICE LICI	ENSEE			22	. NAME A	NO ADDRE	SS OF FA	CILITY				
	The con	رد	A	Y	+	V	VM C	. M/	ARCH	F.F	1./11	01 E	. N	ORTH AVE.
	23. PART I. Enter the dieeese shock, or heart for	es, or co	omplications the	t caused th	se death. De	not ente	r the mo	de of dy	ing, suc	h as cardi	ec Dr respi	ratory en	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel					,								Onset and Death
disease or condition ASCVD														
	resulting in death)													
	resulting in death)	•			ONSEQUENCE	OF):	_					<u> </u>		
NOI	resulting in death) Sequentially list conditions,		DUE TO	(OR AS A CO										
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	<u></u>	DUE TO	(OR AS A CO	DNSEQUENCE									
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	\[\]	DUE TO	(OR AS A CO		OF):								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	{	DUE TO	(OR AS A CO	ONSEQUENCE	OF):								
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	E d	DUE TO	OR AS A CO	ONSEQUENCE	OF):	nderlyln	og cause	given in	Pert I.	24s. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
ICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a b c c d	DUE TO	OR AS A CO	ONSEQUENCE	OF):	nderlyln	ng cause	given in	Pert I.	PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
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		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AI	ND MENTAL HYGI		2 33003			
		1. DECEDENT'S NAME (First, Middle, Last) Bernuce	a. Hott	Brow	Jh.	2. DATE OF DEAT MONTH	H DAY YEAR	3. TIME OF DEATH			
29	3	4. SOCIAL SECURITY NUMBER 245-42-99-6	5. SEX 6. AGE	(In yrs. last birthday) IF I	NDER 1 YEAR IF UNDER 24 IF	IRS. 7. DATE OF BIRTH (Month, Day, Year O - O		RTHPLACE (State or Foreign writer) Car Ulua			
2, 3 should	TOR B	90. FACILITY NAME (If not institution, give s BON SECOURS	thospital	9b.	Balfini		9c. COUNTY O	F DEATH			
1	DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?			
(1)	FUNERAL I	100. STREET AND NUMBER 2143 Penro.	co Ave	- Car	101. ZIP CODE	1 1 YES 2 NO 109. CITIZEN OF WHAT COUNTRY?					
-0020 Ing physican the buria	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 🗀 NO	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specifi lexican, Puarto Rican, etc.	.) B	ACE — American Indian, lack, White, etc.			
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physic functor, page 5 should be detached for use as the burial moval.	COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	18a. OECEDENT'S USU, (Give kind of work of life. Do NOT use reti	one during most of working	16b. KIND OF	BUSINESS/INDUSTR				
MARYLAND retained by the hospit 5 should be detached notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) Tames Mo	+		18. MOTHER	S NAME (First, Middle, Ma	NAME (First, Middle, Melden Surname)				
E, MARY y be retained hage 5 should be notified	TO B	David Brown	7	958	RESS (Street and Number or I	States v. 11e	No, C RS	617			
MORE age 6 may director, pa		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State ceff	PEACE AND DATE OF DIS	CEMETER.	1 /22/97	STOCKESUI	Town, State			
BALTIMORE, ter death. Page 6 may be the funeral director, page wat.		21. SIGNATURE OF FUNERAL SERVICE LIC	Warne	2	22. NAME AND ADDRESS & HANCL F. F 4300	yabas h	; Are				
24 hours filled in the		23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one ceuse on e	tha daath. Do not each lina.	nter the mode of dying,	auch ea cardiac or n	eapiratory arreat,	Approximate interval Between Onset and Death			
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au cian	ERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OLICE TO (OR AS A	CONSEQUENCE OF:	TOS.						
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AL RECORDS, le law requires that the dea has been signed by the att Dept. of Health and Merria n 23 shows any Injury,	MEDICAL	PART II, Other eignificant condition CULTURE MINISTER	e contributing to death b	ut not resulting in th		PER	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 DETYES 2 \(\subseteq \text{NO} \)			
ITAL R V: The faw re cate has bee State Dept. o		PA WAS CASE REFERENCED TO MEDICAL	ς.	/	26. PLACE OF DEAT	H (Check only one)					
CLIAN:	PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	OSPITAL: 1 Setient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	TER: Numing Home 5 Reelde 28c. INJURY AT WORK?		OW INJURY OCCURED				
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OR OR	PLETE	4 Homicide determined 29e. CERTIFIER (Check only) 4 CERTIFYINO PHYSIC	CIAN: To the best of my know	ledge, death occurred at	he time, date and place, and						
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	COMPL	2 MEDICAL EXAMINE 29b. SIGNATURE AND FITLE OF CERTIFIER	R: On the basis of examination	n and/or investigation, in	my opinion, death occured a		e, and due to the ceue				
TO THE De filed IMPOR	TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print			12/	17/92			
S)		2000 W C	aclimo 32. REGISTRAR'S SIGN	e st	. 130	elimore	2 M	0. 21223			
		DEC 2 2 1992	Julia Davidson	Randell .							

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DIRECTOR

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BIS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Spot. Print)

32. REGISTRAR'S SIGNATURE

HOSPITAL FUNERAL I within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 77
IMPORTANT: It

Page 6 may be retained by the hospital or enemony physic USE as the n by the funeral director, page 5 should be detached for temoval. hours after death. 1 24 hours after ily filled in by th requires that the death certificate be executed within 24 feen signed by the attending physician and completely filler of Health and Mental Hygiene prior to burial, cremation, certificate h h the State d, or item L DIRECTOR: After this certificate to DIRECTOR: After this certificate bours after death with the State I tem 28 Is marked, or Item

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

To notified 9 must examiner medicai 5 the state event, t traumatic other has be Dept. 23 item

92 35666 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 12 1992 Corey Baker 18 8:40 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 11-1977 DAYS HOURS 1 M 2 F 214-90-3412 YRS. 8 Md 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sinai Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 XXYES 2 NO Md 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 USA 3705 Mohawk Avenue 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Y NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: Specify: Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
Angela Baker James Burrell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Gode) 3705 Mohawk Avenue Baltimore, Md 21207 Angela Baker 20s. METHOD OF DISPOSITION
1 V Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State King Memorial 122392 Randallstown, Md Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March .F/H West 1 la Wane 4300 WABASH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) GUNSHOT WOMID DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Sympetient 2 - ER/Outpetient 3 - DOA me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 2/16/1992 7:56PM 1 YES 2 NO Subject Shot 2 Accident 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY - At home, term, street, factory, office 6 Could not be 4 Homicide Street Woodland & Delaware Corner 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated, 2 MEDICAL EXAMINER: On the basic of ax ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

21201

12/19/1992

O.C.M.E.

JRMM11 Penn Street, Baltimore, Maryland

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	TO THE HOSPITAL DATA I ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be mainted by the hospital of attending physician	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be established for use as the burnal-manual permit. Please 1	hours after de	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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BALTIMORE, MARYLAND 21215-0020

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1 Burlat 2 Cremation 3 Removal from State Call St	21207
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING C. DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUEN	40
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1)
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 24b. WERE AUTOMORTHED AMALIABLE COMPLETE 1 YES 2 NO 1 YES 2 NO	roximeta rvai Between et and Death
Ĭ □ YES	PRIOR TO ON OF CAUSE
	2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Vear) 28. DATE OF INJURY (Month, Day, Vear) 28. DATE OF INJURY (Month, Day, Vear) 28. DATE OF INJURY (Month, Day, Vear) 28. DATE OF INJURY (Month, Day, Vear) 28. DATE OF INJURY (Month, Day, Vear)	
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D. 1 N stural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO	
3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 287. LOCATION (Street and Number or Rural Route Number of Rural Route Numbe	
29a. CERTIFIER (Check only onle) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner.	c
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 12 - 19 -	
DT. LAKSHMI KRISHNAMURTHI, 900 CATONAVENCE, BALTIMORE, MD	er as stated.
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUNE 18 20 1992	er as stated. (Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1+0

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DE CERT	PARTMENT OF HEALTH									
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH 3. TIME OF DEATN								
1	JOSEPH CROMER	BALDWIN	12 18 92 11:46 AM	М							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birth	24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)	,								
3	214 16 6626 1% M2 F /2 YRS. 3-29-1920 Mai										
l nc	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. (
	10a. STATE 10b. COUNTY 10c	CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?								
1	Maryland na	Baltimore	1 YES 2 NO								
IA!	10e. STREET AND NUMBER	101. ZIP CODE									
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B	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 ND	Specify: White								
윤	15. DECEDENT'S EDUCATION 16a. DECEDE (Specify only highest grade completed) (Give kit	NT'S USUAL OCCUPATION and of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY	_							
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COMPL											
	17. FATHER'S NAME (First, Middle, Last)		MER'S NAME (First, Middle, Meiden Surname)								
BE	Harrison M. Baldwin 19a. INFORMANT'S NAME (Type/Print) 19b. MA		.Ola Goody or Rural Route Number, City or Town, State, Zip Code)	_							
임			ue,GlenBurnie,MD 21061								
	20a. METHOD OF DISPOSITION 20b. PLACE AND D	ATE OF DISPOSITION (Name of	DATE 20c. LOCATION City or Town, State								
	4xxxDonation 5 □ Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, I		ss of FACILITY State Anatomy Board								
	man 1 / Sele 12/21/92		imoreSt,Balto.,MD 21201								
	23. PART I. Enter the diseases, or complications that caused the death, shock, or heart failure. List only one cause on each line.	Do not enter the mode of dyl	ng, such as cardiac or respiratory arrest, Approximate								
	IMMEDIATE CAUSE (Final	0 -	Interval Betwee								
	disease or condition resulting in death)	all ma gent	Failure								
	DUE TO (OR AS A CONSEQUEN	3 Chapma	lowery Drocese								
ERTIFICATION	Sequentially list conditions, if any, laeding to immediate	CE OF):	Paragraph Darage								
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	Pu	onenty onserve								
	that initiated events resulting in death) LAST	CE OF):	O								
CER	d										
AL	PART II. Other significant conditions contributing to death but not result	ting in the underlying cause of		GS							
EDIC	Sepson.		PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	Ē							
Σ	pheiriana		1 _ YES 2 _ NO								
PHYSICIAN:	V										
00	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAMO	OTHER:	EATN (Check only one)								
ξ.		OA 4 Nursing Home 5 Re	sidence 8 Other (Specify) 28d, DE\$CRIBE NOW INJURY OCCURED	_							
	1 Netural 5 Pending (Month, Day, Year)	INJURY WORK? M 1 YES 2									
D BY	2 Accident Investigation 3 Suicide 6 Could not ba 28e. PLACE OF INJURY — At home, fi		261. LOCATION (Street and Number or Rural Route Number,	-							
COMPLETED	4 Homicide determined		City or Town, State)								
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death or	courred at the time, data and place,	and due to the cause(s) and manner as stated.								
S S			ed at the time, data and place, and due to the cause(s) and manner as stated.								
ш	29h, SIGNATURE AND TITLE OF CERTIFIER	29c. LICE	NSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)								
10 B	Cognine my Burilly I	locally D.	21684 12 18/97								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (JEM 27)		1								
	CHACKUMKAL V. CYRIAC, M.D./1600 CR 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE	AIN HIGHWAY, S	.W./GLEN BURNIE, MARYLAND 21061	4							
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DEC 22 1992

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMEN	IT OF I	HEALTH DEA	AND TH	MENT	AL HYGIEN		2	356	569
	1. DECEDENT'S NAME (First		Jerome			Bunch			2. DATE OF DEATH DECEMber 17, 1995			1992"	3. TIME	OF DEATH	
	4. SOCIAL SECURITY NUM	BER	5. SEX	5. SEX 6. AGE (In yrs. last birthday			ER 1 YEAR	IF UNDER		7. DAT	E OF BIRTH		8. BIRT	THPLACE (S	State or Foreign
	214-50-7090		1 XM 2 F	44	YRS.	MONTHS	DAYS	HOURS	MIN.		7/15/48		BAL		RE, MD.
_	9a. FACILITY NAME (If not in							OR LOCATI		EATH			UNTY OF		,
5	Maryland		al Hospit	-al		Ва	ltim	ore (City						
	RESIDENCE OF DE	10b. COUNT	Y	10c CIT	Y TOWN	OR LOCA	TION						District.		
DIRECTOR	MARYLAND						MORE							LIN	SIDE CITY
	10a. STREET AND NUMBER				DE	7711		H. ZIP COD	E			10a C	ITIZEN OF	WHAT CO	ES 2 NO
FUNERAL	306 LYNDHU	IRST ST	TREET					212						WINI CO	MINT
25	11. MARITAL STATUS	THOI D.	12. WAS DECEDEN	IT EVER IN U.S. AI	RMED	13	. WAS DE			NIC ORIG	SIN? (Specify Ye	US or No-	_	OF - Amer	ican Indian
	1 Never Married 2		FORCES? 1	YES 2 THE OR DATES	NO		If yes, sp	pecity Cuba 5 2 TV NO	n, Mexica	an, Puert	o Rican, etc.)			ck, White,	ican Indian, etc.
BY	3 Widowed 4 DIV		8/5/66	-9/10/7	0			-X		,				ACK	
Ī		EDENT'S EDU ly highest grade		(0	ECEDENT'S Give kind of	work don	during me	ON osl of working	10	10	6b. KIND OF BU	SINESS/II	NOUSTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5		. Do NOT u	se retired.)								
COMPLETED	17. FATHER'S NAME (First, M	firidle (not)					_	100000							
		UNCH									t, Middle, Maiden	· ·			
BE	19a, INFORMANT'S NAME (1	911011		10	MAILING	ADDRE	BQ /Stmat				MAE WRI				
2	JOHNNIE MAE		COM	- 1											
	20s. METHOD OF DISPOSIT	ION	****	20b. PLACE					CEET		LTIMOR			1229 Town, State	
	1 Donation 5 Other	on 3 - Rem	oval from State	GARRI			al .		'RY	1	3/92 0				
	21. SIGNATURE OF FUNERA	L SERVICE JO	ENSEE	7/-	DOLY A			ND ADDRES			.5/ 1/2 0	W1110	0 111	<u>пп, г</u>	ID.
	MI Vin	-1)	hu C	1.10	0		ESTE	P BRO	THE	RS F	UNERAL	SER	VICE	, P.A	Α.
\vdash	1300 EUTAW PLACE, BALTIMORE, MD. :														
	anock, or n	east tallure.	List only one ceu	se on each line	e.	iot ente	r the mc	or ayı	ng, suc	n aa ce	rolec or reap	iratory a	irreat,	int	proximate tervai Between
	iMMEDIATE CAUSE (Fir disease or condition	nal	Aquired Immuned Deficiency syndrome							Or	iset and Death				
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):								_					
2			Intr	avenous	drug	ab	use								
ERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											-			
<u>ই</u>	cause. Enter UNDERLY		c												
빌	that initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONSE	OUENCE OF	F):									
E	Todaling in doctify Exc		d												
	PART II. Other aignifice	nt condition	a contributing to	deeth but not i	reculting I	In the u	nderlyin	g ceuse g	iven in	Pert i.	24a. WAS AN	AUTOPSY	7 24	b. WERE AU	TOPSY FINDINGS
MEDICA											PERFOR			AMILABL	E PRIOR TO
AEC										_	1 TYES 2	XNO		OF DEATH	
														I TES	8 2 NO
X	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26. PL	ACE OF DE	EATH (Ch	eck only o	one)				
SIC	1 X YES 2 NO		HOSPITAL: 1 Inputient 2 □	ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 Re	sidence	8 🗆 Oth	ner (Specify)				
PHYSICIAN:	27, MANNER OF DEATH		26a. DATE OF (Month, Da		28b. TIM		28c. INJ				ESCRIBE HOW I	NJURY O	CCUREO		
ВУ		Pending Investigation				М		YES 2	NO						
		Could not be	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm, s	street, fac	ctory, offic	•		281. LO	CATION (Street I	and Numbe	er or Rural	Route Numi	ber
ETED															
COMPL			CIAN: To the beat of												
00	2 MEDI	_	R: On the basis of as	camination and/or	investigatio	n, in my	opinion, d	leath occun	ed at the	time, dat	te and place, an	d due to t	the cause(a) and man	iner as stated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIE		M	. 1	-		29c. LICE	NSE NUM	1BER		29d. DA	TE SIGNE	(Month, D	ay Year)
2	10 161	uu	Y	///	V							>	21	1/	192
c= 10	AND PROMISE AND ADDRESS OF	PERSON WHI	D COMPLETED CAUS	E OF BEATH /ITE	M AT /Ton	(D-1-4)									

c/o Maryland General Hospital

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r this certificate has been signed by the attending physician and completely filled in by the funeral director, pag	, cremati
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN	IE				
	1. Decedent's NAME (First, Middle, Last) Joseph Arthur Blac	ck Sr.	J	Black		2. DATE OF DEATH DECEMBER 1	AY Y	Spring BAITH 2 0129 M			
		SEX 6. AGE (III		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Dec. 3, Year)	8.	BIRTHPLACE (State or Foreign Balto, MD			
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO										
DIRECTOR	100. COUNTY										
	110		Berl	in				LIMITS?			
FUNERAL	109. STREET AND NUMBER 10323 Henry Road	10g. CITIZEN USA	OF WHAT COUNTRY?								
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPAN Included Hexica 2 NO Specify	s or No— 14.	RACE — American Indian, Black, Whita, etc.				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY								TRY			
Elementary (0-12) College (1-4 or 5+) Union Official Steelworkers Local											
BE CO	17. Father's Name (First, Middle, Last) Stephen Joseph B1	lack, Sr.				ME (First, Middle, Maiden Virginia					
5	Tracie Arsenault,	laughter	196, MAILING A 679 S	. A twoo		Poute Number, City or Tov 1 Air, MD					
	20g METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State come	PLACE AND DATE OF etery, crematory or other Holly Hi	or nlecel	tery 12	/18/92 20c. LC	elto, M	or Town, State			
	21. SIGNATURE OF FUNERAL PHYSICE LICENS Dean P. Charlto	see)n				Tal Home Ave, Balti					
	23. PART I. Enter the diseases, or com- ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused tonly one cause on as	the death. Do no ich line. CONSEDUENCE OF):	1	da of dying, such		iratory arrest	t, Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):		J						
MEDICAL	PART II. Other significant conditions of	ontributing to death bu	it not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1	OSPITAL:	itlent 3 DOA	OTHER:		6 Other (Specify)					
BY PHY	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	IED			
	3 Suicide 6 Could not be determined	28a. PLACE DF INJURY building, atc. (Specif	At home, larm, str	eet, factory, office		281. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,			
COMPLETED		N: To the best of my knowle						suss(e) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER		and or mountainers,	in my opinion, u	29c. LICENSE NUN			IGNED (Month, Day, Year)			
TO BE	100 Namo				D 20		▶ []	115/97			
F	30. NAME AND ADDRESS OF PERSON WHO CO	LASSO	145 E	cone)	ROLL	S+ S4	FLISE	uru Min			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	THE OR		1.00						

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		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN			
	É	1. DECEDENT'S NAME (First, Middle, Last) Albert	Barone				2. DATE OF DEATH MONTH		2. TIME OF DEATH	
Pin		4. SOCIAL SECURITY NUMBER 213-10-0018	1 M 2 DF 8	(In yrs. lest birthdey) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SHITTH (Morith, Day, Year)	//	BIRTHPLACE (State or Foreign Country) Maryland	
1, 2, 3 should	СТОВ	9a. FACILITY NAME (If not institution, give s Franci's Scott Ke RESIDENCE OF DECEDENT		Cente	10.5	timore C		9c. COUNTY	Y OF DEATH	
Pages	DIRE	Maryland 10b. country		10c. CITY, TOWN OR LOCATION Baltimore C					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
an. ransit permit.	FUNERAL	100. STREET AND NUMBER , 4126 May			101	ZIP CODE 212	206	n of what country?		
5-0020 nding physician. is the burlal-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	s or No— 14	Bleck, White, etc. Specify: White	
2121 al or atte for use a	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT a	B USUAL OCCUPATION Work done during more retired.) Mechanio	st of working	16b. KINO OF BUSINESS/INDUSTRY			
YLAND 2 by the hospital of the detached for at once.	E COMPLE	12 17. FATHER'S NAME (First, Middle, Last) Carmine	Baronel	is						
MAR retained 5 should notlfled	TO B	19a. INFORMANT'S NAME (Type/Print) Barbara Me		19b. MAILIN	4 Charde		Route Number, City or Ton Baltimore,	wn, State, Zip Co	ode)	
Page 6 may be all director, page ner must be		20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State can		DF DISPOSITION (No		DATE 20c. LC	OCATION — CH	y or Town, State re Maryland	
SALT r death. re funer al. exami		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Knight Jr	22. NAME AI	ord J. Ru	Balt		Md.21214 rford Road	
in 24 nours after the filed in by nation, or remote, the medical.		23. PART I. Enter the diseases, br/shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ach line.	not anter the mo	de of dying, suc	ch as cardiac or reap	olratory arrea	Approximate Interval Between	
be executed clan and comfor to burial, raumatic or	RTIFICATION									
U.S., P.O. Bo be death certificate the attending physic Mental Hyglene pri	빙	6.								
requires that the been signed by a shows any in	IN: MEDICAL	PART II. Other algnificant condition	a contributing to death b	out not resulting	in the underlying	g cause given in	Part i. 24a. WAS AF PERFD 1 : YES	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CLAN: The law ertificate has the State Dep or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (C)	8 Other (Specify)			
DING PHYSIC After this ce death with th	ВУ РН	27. MANNER-DF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1 .	PIK?	28d. DESCRIBE HOW	hit he	ead.	
DIVIDION DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 5 Could not be determined	building, etc. (Spe	hom			28t. LOCATION (Street City or Town, State)		
Z Z Z =	COMPLETED		CIAN: To the best of my know R: Dn the basis of exemination						cause(a) and manner as stated.	
MPORTANT	TO BE	29K SIGNATURE AND TITLE OF CERTIFIER Solvatore a M	orcaselle	Da		H40	496	29d, DATE 5	100NED (Morrity, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WH			e, Print)			,	/ /	
		DEC 2 2 1992	32/HEOISTRAR'S SON	WEBS.						
	/	15							DHMH-16 Rev 1/89	

92-7231-005

detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at

must be

Injury, or other traumatic event, the medical examiner

PHYSICIAN: MEDICAL CERTIFICATION

Item 23

marked, or

MPORTANT: II Item 28 Is BE COMPLETED

BY

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has been signed by the attending physician and completely filled in by the funeral director, page 5 should be Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this certificate his with the State [DIRECTOR: After the hours after death w

											9	2	35672
	FOR STATE REGISTRAR		STATE OF I		DEPAR ERTIF					MENTAL HYGIEN REG. NO.			
- 1	1. DECEDENT'S NAME (First, RONALD		ldon			ВС	WER	s s	R.	2. DATE OF DEATH DO 12 1	3	92	3. TIME OF DEATH 11:20
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	R IF UNDER 24 HRS. 7, DATE OF BIRTH				a. BIRT	HPLACE (State or Form
	216-54-59	936	1 🔀 M 2 🗌 F	42	YRS.	MONTHS	DAYS	HOURS	MIN.	July 9,1	950	Count	
RECTOR	9a. FACILITY NAME (If not in			9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
OR	FRANKLIN SQUARE HOSPITAL					ROSSVILLE				BALTIMORE			
DIRECTOR	RESIDENCE OF DECEDENT												
DIRE	Md.	10b. COUNTY	Baltimo	re	10c. CIT	Y, TOWN	M LOCAT	iddle	e Riv	ver			10d. INSIDE CITY LIMITS? 1 YES 2 X N
4	10e. STREET AND NUMBER						101, ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		
IER/	304 Lambson Court					21220				USA			
COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR			☐ YES 2 ☐ P		If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, YES 2 XNO Specify: Specify:							
		EDENT'S EDUC y highest grade		(G	CEDENT'S	work done	CCUPATIO	ON st of world	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
APLE	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	. Do NOT u Crane		erato	or		В	eth :	Stee:	1
S	17. FATHER'S NAME (First, Middle, Last)							18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		

A v Foreign nia **⋈** NO ٧? Indian. e 15. DECEDENT'S EDUCATION ecily only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12th Crane Operator Beth Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Eldon M. Bowers Nancy Tabor 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 304 Lambson Court Baltimore Md. Cora Bowers 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE WoodlawnCemetery 12/23/92 Bluefield W.VA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MaceAve.21221 om 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ARTERIOSCUEROTIC CARDIOUASCULAR resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate DUE TO (DR AS A CONSEDUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE DF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY PERFORMED? COMPLETION OF CAUSE 1 YES 2 | NO 1 TES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: TX YES 2 NO Inpatient 2 X ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. nation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) ► 12-20-1992 O.C.M.E. TED CAUSE OF DEATH (ITEM 27) (Type, Print) PENN STREET BALTIMORE MARYLAND 21201 31, DATE FILED (Month, Clay, Year) Janash Andres

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MERPILAND 21215-0020

TO THE MERPILAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE MERPILAND PHYSICIAN: The law requires that the death certificate bas been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI						
- 15	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH				
		Ann E. BROWN			Dec. 18.	1992	2:45PM M					
	4. SOCIAL SECURITY NUMBER	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH		BIRTNPLACE (State or Foreign						
1		1 □ M 2 🛱 F	42 YRS.	NTHS DAYS		Maryland						
~	Sa. FACILITY NAME (If not institution, give street	,	96		R LOCATION OF DI	EATH	9c. COUNTY	OF DEATH				
DIRECTOR	Franklin Squar	e Hospital		Ro	ssville		Balti	imore				
E	10e. STATE 10b. COUNTY	10c. CITY, TI	OWN OR LOCAT	ION		10d. INSIDE CITY						
ā	Md.	Baltimore			Essex	ζ		1 YES 2 NHO				
A	10e. STREET AND NUMBER		101	ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?						
FUNERAL	834 N. Ma	rlyn Ave.			21221	USA						
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	es or No- 14.	RACE — American Indian, Black, White, atc.				
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 X NO Specif			Spec/ly: White				
0	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USI	IAL OCCUPATIO	M	THE VIND OF B	JSINESS/INDUST					
ETE	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	st of working	Too. Kind or bi	J311123371110031	ni				
교	10th	Solings (14 of 5 +)	Hou	sewife								
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)					
BE C	Immanuel Jos	t			Fr	ances So	mmers					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural	Route Number, City or To	wn, State, Zip Cod	ie)				
-	Julia Tingler		834	N. Mar	lyn Ave.	Baltimor	e Md. 2	1221				
	20a. METHOD OF DISPOSITION **X Burial 2 Cremation 3 Remove	al from State 20b.	PLACE AND DATE OF D	ISPOSITION (Na	me of	OATE 20c. L	OCATION — City	or Town, State				
	4 Donation 6 Other (Specify)	Parkwood Cemetery 12/21/92 BAltimore										
	21. SIGNATURE OF FORERAL SERVICE LICES	TSEE /	1/		ID ADDRESS OF FA							
	(onnelly & u	meral	Mome	1		alHome 30						
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	mplications that caused	the death. Do not	enter the mo	de of dying, suc	h as cardiac or rea	piratory arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final Oneet and Death											
	disease or condition resulting in death) a. Myocardial Infarction-Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF):											
NO N	Sequentially list conditions, our To (on as a consequence of):											
IA.	if any, leading to immediate cause. Enter UNDERLYING	INC .										
E	CAUSE (Disease or Injury that initiated events	Previous I	entarction consequence of:									
CERTIFICATION	resulting in death) LAST											
	PART II Other significant conditions	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS										
SAL		d Arthritis	or not resolving in t	ne underlying	cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC		4 /11 0111 1013				1 TYES	2 NO	OF DEATH?				
Σ						_	- 1	1 NES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		_	28. PL	ACE OF DEATH (Ch	nck only one)						
Sic		HOSPITAL:		THER:		8 Other (Specify)						
¥	27. MANNER OF DEATN	26e. DATE OF INJURY	28b. TIME O		URY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED				
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? 'ES 2 NO							
	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree	ot, factory, office	,	281. LOCATION (Street	and Number or R	ural Route Number,				
TED	4 Homicide determined	building, etc. (Speci	my)			City or Town, State	9)	72.				
1 2	290. CERTIFIER TO CERTIFYING PHYSICIA	AN: To the best of my knowl	edge, death occurred a	t the time, date	end place, and due	to the cause(e) and mu	nner as stated.	- A				
COMPLET								use(e) and manner as stated.				
	296. SMINITURE AND TITLE OF CERTAINER	1/		1	29c. LICENSE NUI	MBER		GNEO (Month, Day, Year)				
) BE	Borney A.	ALL			1222	3 4	► /Z	1/8/92				
2	30. NAME AND ADDRESS OF PERSON WIND	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type, Pri	nt)				, ,				
	Dr. Rodney A	Johnson II	l. D.	900) Frankl	in Square	Drive-	21237				
	31. DATE FILEO (Month, Day, Year)	32/HEGISTRAR'S	理能			THE THE PARTY OF T		- M				
	DEC 22 1992 a											

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Kong

1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

467 90 7504 1 💹 M 2 🗌 F 6-30-49 use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Essex 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland AA County FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 6024 Fort Smallwood Road noun after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 9 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Must deector 4 Donation 6 Other (Specify) removal examiner NERAL SEMVICE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir Inneral 12/17/92 655W.BaltimoreSt, balto, MDU21201 i signed by the attending physician and completely filed in by the Health and Mental Hygiene prior to burial, cremation, or removal medical PART I. Enter the disease es, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel ŝ disease or condition HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, resulting in death) DUE TO (OR AS A end CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PHYSICIAN: MEDICAL PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. shows any t, of H r this certificate has been with the State Dept. c 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Hursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT marked, 1 Natural 5 Pending BY 1 YES 2 NO After 1 death Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is COMPLETED 6 Could not be determined DIRECTOR: / 4 Homicide FUNERAL DIRECT within 72 hours a STANT: It Itom 2 29e. CERTIFIER 1 🗌 CENTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. IMPORTANT: 299 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER THE F BE 뿔 01086 23 2 32 REGISTRAR'S SIGNATURE

AUS FR

5. SEX

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

Deden

Ronald Lee BRANDY

8. AGE (In yrs. last birthday)

92 35674 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 730 P. 992 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Yoar) Virginia 9c. COUNTY OF DEATH Baltimore County 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE -- American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION -- City or Town, State State Anatomy Board Approximate Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89

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29d. DATE SIGNED (Month, Day, Year)

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tal or attending physician. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

use as the burial-transit

for u

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)
DEC 2 2 190

1992 2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Vivian L. Cage 12/19/1992 YEAR 7. DATE OF BIRTH (MORD), Day Year) 1926 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 220-20-3273 66 "Balto 1 🗆 M X(X) X 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Balto City Balto City RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto City Baltimore X1XXYES 2 NO FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4003 Hickory Avenue 21211 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 THE Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ary/Secondary (0-12) 10th College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William H. Rice notified at BE <u>Lillian Wilder</u> 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Thomas Cage 4003 Hickory Avenue Balto, MD 21211 must be 20a. WETHOD OF DISPOSITION
1-1 Gurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cometary, crematory or otner praces, Lorraine Park 4 Donation 6 Other (Specify) Woodlawn, MD the medical examiner 21. SIGNATURE OF FURERAL SERVICE LICENSEE Burgee-Henss Funeral 3631 Falls Rd Balto, MD 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition reart arrh Minutes se is marked, or Item 23 shows any injury, or other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF Athero sclustie PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (QR AS A CONSEQUENCE QF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 | NO VES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpetient 2 ER/Outpetient 3 | DOA 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLEMED 4 Homicide 29a CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE acke ran 23076 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Diamono

3730

32. REGISTRAR'S SIGNATURE

07 Maryland

10g, CITIZEN OF WHAT COUNTRY?

Δ

14. RACE --- American Indian, Black, Whits, etc.

Specify: White

1992

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d, INSIDE CITY

1 YES 2 NO

21817

Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TES 2 NO

29d. DATE SIGNED (Month,

12

Dello

AMAILABLE PRIOR TO COMPLETION OF CAUSE

8. BIRTHPLACE (State or Foreign

8:45 A.M

REG. NO

21

2. DATE OF DEATH

12

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

2 1992

Mabel B. Childs

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OF VITAL RECORDS, P.O.	The state of the s
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A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. (Month, Day, 214-22-2986 85 1 | M 2 X F YRS 19 permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Memorial Hospital Extended Care Unit Baltimore 10s. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION MD Baltimore 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE peath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit that Hygiene prior to burial, cremation, or removal. 1112 Roland Heights Avenue 21211 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 🕅 Widowed 4 🗌 Divorced N/A COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Spec Elementary/Secondary (0-12) College (1-4 or 5+) 8 + h Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Milton Bond Barnhart BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3059 Sackertown Rd Crisfield, Md. Irvin M. Childs. 90 20a, METHOD OF DISPOSITION
| Marie | 2 | Cremation | 3 | Removal from State | 4 | Donation | 5 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must loodlawn Cemetery Woodlawn, Marvland examiner 21. BIGNATURE OF FUNDRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home euss 3631 Falls Road Balto. medical Ehrer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART I. Eliter the IMMEDIATE CAUSE (Final the disease or condition 1(espindury resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): 00 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ili CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 the atten Mental h Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL theen signed by the pt. of Health and A any 1 TES 2 NO has be Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate has not the State D Item HOSPITAL: OTHER: 1 YES 2 NO me 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, lectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 80 COMPLETED DIRECTOR: J 4 Homicide 28 HOSPITAL OR ATTE 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. FUNERAL WITHIN 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 13 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 33072 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CAESAR SHEWAC UNIV. 201

> 32. REGISTRAR'S SIGNATURE who Davidson Rondall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

92

21218

21

× 1 5 5 5

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last	•	ollins			2. DATE OF DEATH D	^* 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	a.	BIRTHPLACE (State or Foreign Country)
	217-22-8755	1 M 2 F	64 YRS.	MONTHS DAYS	HOURS MIN.	5-4-1928		N.C.
Œ	9a. FACILITY NAME (II not Institution, given Greater Baltim		Contor	7 TOWS	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	ore riedical	Center	10030	711			
RE	10e. STATE 10b. COUN	TY	2	Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Md 100. STREET AND NUMBER		Ra	ndallstow	OI. ZIP CODE			1 TES 2XX NO
FUNERAL	3930 Tevis Circle	9			21133		U S	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give kind of	USUAL OCCUPAT	TION nost of working	16b. KIND OF BU	SINESS/INDUS	TRY
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Years	ille. Do NOT u	se retired.)				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
	Lee Cade				Carneli	a Chambers		
2	198. INFORMANT'S NAME (Type/Print) William H. Collins					Route Number, City or Tow Stown, Md 211		ole)
	20a METHOD OF DISPOSITION 1A Burlal 2 Cremetion 3 Re	20	06. PLACE AND DATE				_	or Town, State
	1 A Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State C6	metery, crematory or confidence of the Garrison Fo	orest Vet			vings Mi	
	21. SIGNATURE OF FUHERAL SERVICE I							
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	FI:	Knea	A Ca	ull	2
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE O	F):				
	PART II. Other significent condition	ons contributing to death	but not resulting	In the underlyle	ng cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
N: MEDICAL						1 🗆 YES 2	. 1	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (2) NO	HOSPITAL:	Instinct 3 DOA	OTHER:	me 5 GResidence			
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
ETED B	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR	IY — At home, farm, ecify)	streel, factory, off	el, factory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Rural Route Number,
COMPL	one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowers.						nuse(e) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	ad Hu)			29c. LICENSE NU	5546	29d. DATE SI	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON OF CLUBBLES Padget 31. DATE FILED (Month, Day, Year)	t, wo, 5	60 (Loi	che Rave	en Blud	., Balti	more, l	WD 21239
	DEC 22 1992	12. REGISTRAR'S SIG	n- Aandest					

BALTIMORE, MARYLAND 21215-0020

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5. SEX

9a. FACILITY NAME (If not institution, give street and number,

RESIDENCE OF DECEDENT

Md 10e. STREET AND NUMBER

5434 Relcrest Road

THE JOHNS HOPKINS HOSPITAL

10b. COUNTY

Baltimore

6. AGE (In yrs. lest birthday)

YRS.

62

FUNERAL DIRECTOR ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 √ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS **MARYLAND 21215-0020** 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th 17. FATHER'S NAME (First, Middle, Last) notified at William Chase 19a. INFORMANT'S NAME (Type/Print) 2 Margaret I. Chase BALTIMORE. 9 20s. METHOD OF DISPOSITION
1 V Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must Garrison Forest Veteran 21. SIGNATURE OF FUNERAL SERVICE LICENSEE n and completely filled in by the to burial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final the disease or condition Adeno carel no ma DUE TO (OR AS A CONSEQUENCE OF): OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) BOX 68760, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): the attending physician at Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL been signed by the shows any pulmonery eder renal Dept. 25. WAS CASE REFERRED TO MEDICAL certificate h the State if, or item EXAMINER? HOSPITAL: patient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF this c marked, 1 Netural
2 Accident BY After 1 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 60 8 Could not be determined DIRECTOR: A hours after d item 28 Is COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the Ilms, dete end place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 29b. SIGNATURE AND TITLE OF CERTIFIER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 110 TOWER DOCTORS LOUNGE HILLARY HAHM 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 12 D M 92 8:30 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 9-28-1930 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE BALTIMORE CITY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY VLIMITS? 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21206 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 YES 2/X NO Specify: **Black** 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Reguis Taylor 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5434 Relcrest Road Baltimore, Md 21206 20c. LOCATION — City or Town, State DATE Owings Mills, Md 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue Approximata interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29c. LICENȘE NUMBER £ 2205 12-17-92

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Item 28f, per MEO, G-695, 1/28/93 gn 1 - STATE

		REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).		
	9	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY	3. TIME OF DEATH	
		KENNETH L				-				
P	8	4. SOCIAL SECURITY NUMBER 216-98-2903	1 💢 🕊 2 🗆 F 2		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 10	,1966	Country)	
3 should		9a. FACILITY NAME (If not institution, give s	CEFALONI S. SEX A CAE Fays. Lest Directory 26 ves. SOUTH DAVID CONTROL TO THAN I FLUENT 2 HELD AND FOR A COMPANY AND FOR							
1, 2, 3	DIRECTOR	FRANCIS SCOTT KEY HOSPITAL BALTIMORE								
soce	H H	10s. STATE 10b. COUNTY	r	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY	
ij.		Maryland			Balti	more				
t perm	₹	10e. STREET AND NUMBER			10			10g. CITIZE	N OF WHAT COUNTRY?	
ian. transi	FUNERAL	1116 Newcomb Way								
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, once.	BY FU	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1XXYES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	pecify Cuban, Mexica	in, Puerto Ricen, etc.)	s or No 1	Black, White, etc. Specify:	
215 attenduse as	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of w	ork done during m	ON ost of working	16b. KIND OF BU	SINESS/INDU		
MARYLAND 21215 retained by the hospital or attend 5 should be defached for use as notified at once.	COMPLETED	Elementary/Secondary (0-12) NA		life. Do NOT us	e retired.)		T D	C		
.AN	MO	17. FATHER'S NAME (First, Middle, Last)	III	TITEC	CIICIAN	16. MOTHER'S NA				
# 8 4 X	ш	William E. Cefal	oni							
MARYLAND retained by the hospit 5 should be detached notified at once.	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tov	vn, State, Zip C	ode)	
- 2 8 p	۴	Tammy M. Cefalon	i (Wife)	1116	Newcomb	Way, Bal	timore, M	1. 212	05	
AORE, ge 6 may by irector, page		20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. P	edar Hi	Foisposition (N	ame of tery				
BALTIMORE, nours after death. Page 6 may be of in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Schir	nunek Fur	eral Home	imore	Md. 21213	
B ster is after temoval	- 1	23. PART I. Enter the diseases, or o	complications that caused	the death. Do n						
		shock, or heart fallure. IMMEDIATE CAUSE (Finel	List only one cause on eac	ch line.					Interval Between	
		disease or condition resulting in death)	· Electr	scuh	m				į	
68760, escuted within and completely burial, cremati		Bernata Canada	DUE TO (OR AS A C	CONSEQUENCE OF):					
St E	O	Sequentially list conditions,	DUE TO (OR AS A (ONSFOLIENCE OF	n.					
ficate be exphysician and prior to	¥	if any, leading to immediate cause. Enter UNDERLYING	-	ondeading of	,.				j	
D.O. BOX	CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
	EH	resulting in death) LAST	d							
RECORDS, Prequires that the death signed by the atter of Health and Mental shows any injury, or		PART II. Other significent condition	s contributing to deeth but	not resulting i	n the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
CORDS ires that the designed by the a featth and Men ws any Injury	EDICAL						4		COMPLETION OF CAUSE	
REC requires sen sign of Heal	ME								The state of the s	
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VITAL IAN: The lav tificate has te State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
E VIT. SICIAN: The certificate i the State i, or Item	HYS	XYES 2 NO 27. MANNER OF DEATH			4 - Nursing Hor					
O 독특출	٥. ا	1 Netural 5 Pending	(Month, Day, Year)	INJ	JRY W	DRK?				
ONG Pater death	ВУ	2 Accident Investigation 3 Suicide 8 Could not be								
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mai	ETED	4 Homicide 8 Could not be	building, atc. (Specify	1)		90				
DIV OR A DIREC	12	29s. CERTIFIER (Check only	CIAN: To the best of my knowler			and place, and due	to the cause(s) and ma	nner as stated		
F TAI	COMPL									
PTHEHOSPITAL THE FLAKERAL SECURITY 72	ш	296. SIGNATURE AND TITUE OF CERTIFIER	0 01			29c. LICENSE NUI	MBER	29d. DATE S	BIGNED (Month, Day, Year)	
	TO B	Denn	is D. Chu	to my		O.C.M	1.E.	▶ 12	2/18/1992	
	F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT					-		
		21 DATE-EILED (March Co. Vent		111 Pe	nn Str	eet, Ba	altimore,	Mary	land 21201	
		" UEC "Z" 2 1992	gethe Davidson 1	STORES						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ALLENDING PH	CTOR: After this	Off is marks	20 IS HIGHE
100	B DRE	1	MALE TRUTH

92 35680 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VOSTAL 1050 MUL 2:50 м 7. DATE OF BIRTH (Month, Day, Year) A SOCIAL SECURITY S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Sta 7-12-9504 1 M 2 F YRS. WARE 9a, FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RANCIS DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mirkican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian. Black, White, etc. It yes, specify Cubs 1 Never Married 2 Married BE COMPLETED BY Specify: 3 Widowed 4 Divorced ORESTA 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOF use retired.) College (1-4 or 5+) NAVAL R 17. FATHER'S NAME (First Middle, Last) 18. MOTHER'S NAME /First Middle Maid 5 0 OVIC 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. et and Number or Rural Route Number, City or Town, NI ONK 20a. METHOD OF DISPOSITION
1 D Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION DATE 4 Donation 5 Other (Specify) EN TONGMENT 21. SIGNATURE OF FUNITHAL HERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OSC PA annina 3 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as carried or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death DUE TO COR AS A COMPENSION disease or condition 20 min resulting in death) UE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 542512 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events messiate resulting in death) LAST CONCER LEGAS PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1. Inputient 2 - ER/Outputlant 3 - DOA e 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the causs(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Wr F2635. P P # 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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12. REGISTRAN'S SIGNATURE

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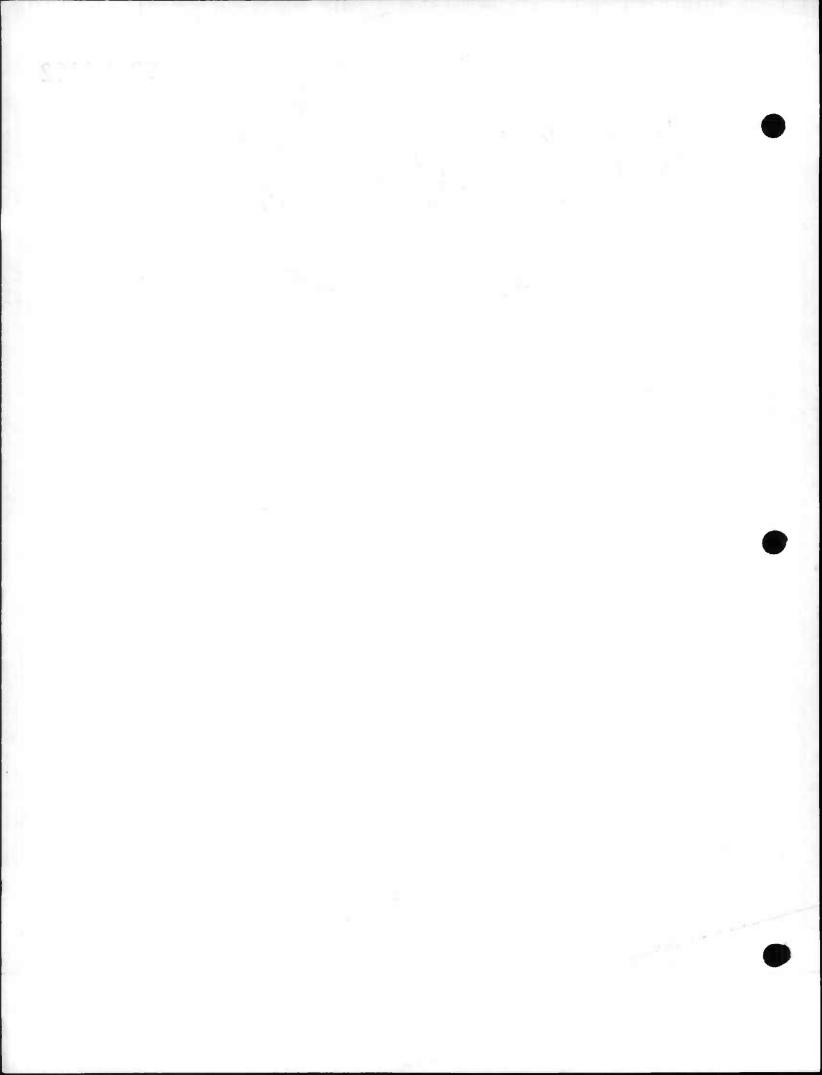
	TEMPINION PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should strain death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TTENDING PHYSICIAN: The	JOR: After this certificate hafter death with the State [28 is marked, or item
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1. DECEDENT'S NAME (First, Middle, Lasi) 1. AMEDIA IN A SCURITY NUMBER 1. SOCIAL SECURITY NUMBER 1. SOCIAL	A M No or Foreign and Str. 2 M NO TRY? tes on Indian, ite
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Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White Specify: White Specify: White Specify: White Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) Dental Technician Dr. Starling D.D.S 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Harvest View Ct. 8568 Ellicott City 21 20a. METHOD OF DISPOSITION (Name of A DATE 2 C. LOCATION — City or Town, State 2 Ceremetery 12/23 Detroit, Michies 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY W. Dabrowski/ Chojnacki F. H. P.A.	ite
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19b. MALLING ADDRESS (Street end Number or Fural Route Number, City or Town, Stelle, Zip Code) Figure J Colisens 20e. METHOD OF DISPOSITION Colisens License	21043
Eugene T Cousens 20e. Method of Disposition Will Burlet 2 Commentor 3 Removal from State 20b. Place AND DATE of DISPOSITION Place of Comment of State of Disposition (Name of Comment o	21043
W Buriel 2 Cremation 3 Removal from State Company or Tildet Cemetery 12/23 Detroit, Michi Company or Tildet Cemetery 12/23 Detroit, Mi	
21. SIGNATURE OF FUNERAL SERVICE LICENSEL 22. NAME AND ADDRESS OF FACILITY W. Dabrowski/ Chojnacki F.H. P.A.	higan
1005 Dundalk Ave. Balto., Md. 212	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line.	roximata val Between
Design of the control	et and Death
disease or condition resulting in death) DEND STAGE INTERSTITAL PULMONARY DUE TO (OR AS A CONSEQUENCE OF): FIGUREST CONSEQUENCE OF):	1-5%
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if any, leading to immediate cause. Enter UNDERLYING	
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PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY	PSY FINDINGS
AMAILABLE PRIOR COPD COVERY 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO	N OF CAUSE
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO	
T PES 21 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	
C. 1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO	
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office city or Town, State)	c
29e. CERTIFIER (Check only CERTIFING PHYSICIAN: Ye the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.	
29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 30e. CERTIFIER (Check only one)	er ee stated.
296. SIGNATURE AND TITLE OF CHRIFFERY 29d. DATE SIGNED (Month), Day, Your	1993
30. NAME AND ADDRESS OF PERSON WHO CONTRLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1/6
Naeem Gauhar M.D. 406 Eastern Blvd. 31. Date FileD (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	۲
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	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H		TAL HYGIENE REG. NO.				
	CESKY MICH.	ARY Mary Mary	garet Cesky		ATE OF DEATH	1 93	3. TIME OF DEATH		
	4. SOCIAL SECURITY RUMBER 200-24-1423	SEX 0. AGE (In you lear to	YRS. HUNDER 1 YEAR YRS.	HOURS MIN.	ATE OF BIRTH Months Day, Year) 9-13-28	- 0	HITTHPLACE (State or Foreign outly) aryland		
DIRECTOR	9a. BACILLEY NAME (If not institution, give street	HOSPITAL	9b. CITY, TOWN O	PLOCATION OF DEATH		Balti			
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATI	ON		-	10d. INSIDE CITY		
l 뜸	Maryland Balt	imore	Cockeysvi	11e			LIMITS?		
	10-, STREET AND NUMBER			ZIP CODE	1	10s CITIZEN	OF WHAT COUNTRY?		
ER/	603 Cranbrook R	d.	-	21030		U.S.A			
FUNERAL		2. WAS DECEDENT EVER IN U.S. ARM	IED 13. WAS DECE	ENDENT OF HISPANIC OF	RIGIN? (Specify Yes o		RACE — American Indian,		
₩	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, spe	city Cuben, Mexican, Pue 2 ZNO Specify:	erto filican, etc.)		Black, White, etc. Specify: hite		
9	15. DECEDENT'S EDUCAT (Specify only highest grade co		EDENT'S USUAL OCCUPATION	N .	16b. KIND OF BUSIN	IESS/INDUST	RY		
once. COMPLET		College (1-4 or 5+)	e kind of work done during mos Do NOT use retired.) USEWITE	t or working	Own Hom	ne .			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (F)	irst, Middle, Maiden St	rname)			
E W	John Albert Wi	Lson		Alice	McG	raw			
TO B	19s. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street an						
2 5	Kenneth W. Cesky	6	503 Cranbrool	k Rd, Apt.	K Cockeys	ville	, Md. 21030		
examiner must be notified at once. TO BE COM	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove		ND DATE OF DISPOSITION (Nan	ne of	DATE 20c. LOCA	TION — City	or Town, State		
Ē	4 Donation 5 Other (Specify)	Hillt	top Service	Corp. 1:	2-18 Tows	on, M	d.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE / //		O ADDRESS OF FACILITY					
	1 1/1/1/1	M		Towson Fund York Rd. To					
IIC event, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TIP/OR AS A CONSCOU	2			720 0044111	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions	contributing to death but not res	cause given in Part	24a. WAS AN AL PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PL/	ACE OF DEATH (Check on	ly one)				
PHYSICIAN:		IOSPITAL: □ Inpatient 2 □ ER/Outpatient 3 □	DOA 4 Nursing Home	5 Residence 8 0	Other (Specify)				
¥ [3	27. MANNER OF DEATH		28b. TIME OF 28c. INJU	RY AT 28d.	DESCRIBE HOW INJ	URY OCCURE	D		
BY PH	1 Natural 5 Pending 2 Accident Investigation	(moral, bay, real)	M 1 N	ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al home building, etc. (Specify)	e, farm, street, factory, office		LOCATION (Street and City or Town, State)	Number or Ru	ural Route Number,		
COMPLETED		IN: To the best of my knowledge, death					rse(a) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Beauty 30. NAME AND ADDRESS OF PERSON WHO O	P. Onjon	M.D.	25c LICENSE MUMBER 25c LICENSE MUMBER	192	DATE SIG	NED (Month, Day, Way)		
	BEATRIZ 31. DATE FILED (Mortin, Diey, Was)	32.MEGHSTHAR'S MAASTERS	N.St.	Jorgh	Hogge	tof	Town my		
	DEC 2 2 1992 3	The same same same same							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF H		MENTAL HYGIEN		
(0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
	Joseph William	Dolan				12 18		M M
	THE PERSON NAMED			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	218-14-5224 1 9a. FACILITY NAME (If not institution, give stree		57 YRS.		R LOCATION OF D	03/14/25		Maryland
Œ	1320 Birch Avenue	eno number)		Arbutus		EATH	9c. COUNTY	
5	RESIDENCE OF DECEDENT						Balt	imore
DIRECTOR	Maryland Baltin		2	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Baltin	ore	A.	rbutus	ZIP CODE		T	1 TYES 2 NO
FUNERAL	1320 Birch Avenue			101.	21227		US	OF WHAT COUNTRY?
N		2. WAS DECEDENT EVER IN U		13. WAS DEC		NIC ORIGIN? (Specify Yes		RACE — American Indian.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			city Cuben, Mexica 2 X NO Specif	an, Puerto Rican, etc.) fy:		Black, White, etc. Specify: White
	15. DECEDENT'S EDUCAT	1001			71			
COMPLETED	(Specify only highest grade co	mpleted)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mos	nt of working	16b. KIND OF BU	SINESS/INDUST	TRY
P	12th	College (1-4 or 5+)				City Go	wermen	+
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden		
BE (Joseph John Dolan				Matild	la Elizabet	h Isaa	CS
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		,
	Regina Dolan					butus, Mar		
	1 B Burlel 2 Cremation 3 Remova	I from State cemete	LACE AND DATE OF Bry, cremetory or other En Haven	er nlacel		1	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		en naven		D ADDRESS OF FA	.2/22/9 <mark>2 G1</mark>	en bur	nie, Ma.
	Jan 17/	in bia to		Ambros	e Funera	al Home, I	nc.	
	23. RART I. Enter the diseases, or con	polications that chused t	he death. Do no	1328 S	de of dylan eve	Spr. Rd. A	rbutus	Maryland
	shock, or heart fellure. Lis	t only one cause on asc	h line.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 🗀 🐧	all.	Interval Setween Onset and Death
	disease or condition resulting in death)				Xe	wy J wr	nemy	7 1142
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF)		A	W Fur		10%
NO	Sequentially list conditions, b.	DUE TO (OR AS A C	ONSEQUENCE OF		V			7
TX.	if any, leading to immediate cause. Enter UNDERLYING	50E 10 (511 A5 A 6	ONSEGUENCE OF J.					
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
AL C	PART II. Other significant conditions of	contributing to deeth but	not resulting in	the underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED								OF DEATH?
ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF DEATH (Ch	neck only one)		
IXSI		☐ Inpatient 2 ☐ ER/Outpati	ent 3 DOA	Nursing Home		6 Other (Specify)		
	1; Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	At home, farm, str			281. LOCATION (Street	and Number or F	lural Route Number
三	4 Homicide B Could not be determined	building, etc. (Specify,)			City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowled	ge, death occurred	at the time, date	and place, and due	to the cause(a) and ma	nner as stated.	
OM		On the basis of examination s						use(a) and manner as stated,
0	29b. SIGNATURE AND TITLE OF CERTIFIER		21	1	29c. LICENSE NUI	MBER	29d, DATE;S	GNED (Month,/Day, Year)
w II					~ 1		L > / 1	11,00
O BE	CON				1)39	10		11879 [
TO BE	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	H (ITEM 27) (Туре, Р	rint)	1)?	<i>J</i> O	• /	11899 [
- 13	31. DATE FILED (Month, Day, Year) DEC 22 1992	OUPLETED CAUSE OF DEATH		Print)	1)39	<i>X</i>		11899 L

68529 00

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

32. REGISTRAR'S SIGNATURE

Julia Savidson Bandall

							HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					- 2	2. DATE OF DEATH		3. TIME OF DEATH
	IRENE DEANS					2	ECOMPLE 18		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6	. AGE (In yrs. lest	birthday) IF UNDE	R 1 YEAR IF UNDE		7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	220-30-0828 11	□ M 2 🔀 F	85	YRS. MONTHS	DAYS HOURS	MIN.	(Month Day Year)	ワワ	Country) MD
	9a. FACILITY NAME (If not institution, give street in	and number)		9b. CIT	Y, TOWN OR LOCAT	ION OF DEAT		9c. COUNTY	OF DEATH
O.	Harbor Hosp	pital			BALL	o. Ci	ity		
딦	RESIDENCE OF DECEDENT / 10e. STATE 10b. COUNTY			10c. CITY, TOWN	OD LOCATION				1
DIRECTOR	mo			12 . 1	unhia		•		10d. INSIDE CITY LIMITS? 1 YES 2 2 NO
AL	10e. STREET AND NUMBER				101. ZIP COL	DE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL		'us Dr				31	044	U	ISA
5		FORCES? 1	EVER IN U.S. ARM		. WAS DECENDENT If yes, specify Cub	OF HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14,	RACE — American Indian, Black, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES		1 TYES 2 NO		, , , , , , , , , , , , , , , , , , , ,		Specify: Black
G	15. DECEDENT'S EDUCATION		16a. DEC	EDENT'S USUAL (OCCUPATION		16b. KIND OF BUS	INESS/INDUST	TRY
H	(Specify only highest grade comp Elementary/Secondary (0-12) Co	pleted) pllege (1-4 or 5+)	(Give	e kind of work done to NOT use retired.	during most of work	ing	THE SAL THE SAL		
릴									
COMPLETED	17. FATHER'S NAME (First, Miplole, Last)	si e			18. MOT	THER'S NAME	(First, Middle, Malden S	Surrigine)	
ш	Wm H. Smi	144).	enny	Sori	/e//
TO B	19e. INFORMANT'S NAME (Type/Print)	2 111	19b.	MAILING ADDRES	SS (Street and Number	or or Rural Rou	ite Number, City or Town	, State, Zip Coo	fe)
F	Dolores Mc	Gill		5001	Hesi	Deru	S Dr.	Colur	16 a nd 21044
	20a. METHOD OF DISPOSITION 1 Deurial 2 Cremation 3 Removal	from State		ID DATE OF DISPO			DATE 20c. LOC	ATION — City	or Town, State
	4 Donation 5 Other (Specify)		NEW	Cathe	and Ce	M	13/2/97/3/4	140, 1	ndi
	21. SIGNATURE OF PUNERAL SERVICE LICENSI	97/	,	/22	. NAME AND ADDR	ESS OF FACIL	The Fun	eral	Home
	1 phting	Urox			4300	u	abach	Ave	,
	23. PART I. Enter the diseases, or comp	pilcations that o	caused the dea	th. Do not ente	r the mode of dy	ying, such i	na cardiac or reapir	atory arrest,	Approximate
	shock, or heart failure. List IMMEDIATE CAUSE (Final	only one ceuse	on each line.						Interval Between Onset and Death
	disease or condition	SEPSIS	100						24 hrs
	disease or condition resulting in death) a	SEP SAS	PR AS A CONSEQU	JENCE OF):					24 hrs
N		VESICO	- SIGNO	io fis	TULLA				24 hrs
NOIT	Sequentially list conditions, if any, leading to immediate	DUE TO (O	- S1 G MG H AS A CONSEQU	IENCE OF):					24 hrs
ICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O) VESICO DUE TO (O) CHRON	R AS A CONSEQUENCE OF AS A	ID FIN	STULLA ACTIVE))			24 hrs
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O) VESICO DUE TO (O) CHRON	- S1 G MG H AS A CONSEQU	ID FIN)			24 hrs
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (O) VESICO DUE TO (O) CHRON	R AS A CONSEQUENCE OF AS A	ID FIN)			24 hrs
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions co	DUE TO (O OH RON DUE TO (O	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF): ASE (JENCE OF):	ACTIVE)		ort I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions co	DUE TO (O OH RON DUE TO (O	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF): ASE (JENCE OF):	ACTIVE)		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions co	DUE TO (O OUE TO (O CHRON DUE TO (O Ontributing to do	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF): ASE (JENCE OF):	ACTIVE)		PT I. 24e. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions co	DUE TO (O OUE TO (O CHRON DUE TO (O Ontributing to do	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF): ASE (JENCE OF):	ACTIVE)		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions cond	DUE TO (O OUE TO (O CHRON DUE TO (O Ontributing to do	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF): ASE (JENCE OF):	ACTIVE)	given in Pa	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions cond	DUE TO (O OUE TO (O CHRON DUE TO (O Ontributing to do	PR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENC	JENCE OF): ASE (JENCE OF): Builting in the u	ACTI VT	given in Pa	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions cond	DUE TO (O OUE TO (O CHRON DUE TO (O OUTHBUTTO (O OUTH	PR AS A CONSEQUENT AS A CONSEQ	JENCE OF): JENCE OF): Builting in the u JOAN OTHE DOA 4 No.	26. PLACE OF I	given in Pa	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions conditions conditions conditions conditions conditions conditions. Acutu Congressions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 18 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (O OUE TO (O CHRON DUE TO (O OUTHUR TO (O OUTH	PR AS A CONSEQUENT AS A CONSEQ	JENCE OF): SUITING IN THE U	inderlying cause 26. PLACE OF I	given in Pa	PERFORI 1 YES 2 conly one) Other (Specify)	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions conditions conditions conditions conditions conditions conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 128 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (O DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRO DUE TO (O CHRO DUE TO (O CHRO DUE TO (O CHRO DUE TO	PR AS A CONSEQUENCE OF AS	JENCE OF): JENCE OF): Builting in the u JOA OTHE JOA TIME OF INJURY M	26. PLACE OF I	given in Pa	PERFORI 1 YES 2 conly one) Other (Specify) 8d. DESCRIBE HOW IN St. LOCATION (Street e)	INDEA OCCUBI	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions co Acutu Congasture 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 27. MANNER OF DEATH 18 Natural 5 Pending Investigation	DUE TO (O CHRON DUE TO (O C	PR AS A CONSEQUENCE OF AS	JENCE OF): JENCE OF): Builting in the u JOA OTHE JOA TIME OF INJURY M	26. PLACE OF I	given in Pa	PERFORI 1 YES 2 conly one) Other (Specify) Bd. DESCRIBE HOW IN	INDEA OCCUBI	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions conditions are conditions and conditions are conditions. Acuta Conditions are conditions are conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HC 27. MANNER OF DEATH 1 Natural 5 Pending 21 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO (O PUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRO DUE	PR AS A CONSEQUENCE OF AS	JENCE OF): Builting in the understand the number of the n	26. PLACE OF I	given in Pa	PERFORI 1 YES 2 Other (Specify) 8d. DESCRIBE HOW IN City or Town, State)	MED? NO 4b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions cond	DUE TO (O DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRO DUE	PR AS A CONSEQUENT AS A CONSEQ	JENCE OF): SUITING IN THE U JOA OTHE DOA 4 Nu 28b. TIME OF INJURY M e, ferm, street, fee	26. PLACE OF IF: FR: rising Home 5 R 26c. INJURY AT WORK? 1 YES 2 ctory, office	given in Pa	PERFORI 1 YES 2 Conly one) Other (Specify) 8d. DESCRIBE HOW IN St. LOCATION (Street as City or Fown, State)	MED? [X] NO JURY OCCUR! Ind Number or F	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions cond	DUE TO (O DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRO DUE	PR AS A CONSEQUENT AS A CONSEQ	JENCE OF): SUITING IN THE U JOA OTHE DOA 4 Nu 28b. TIME OF INJURY M e, ferm, street, fee	26. PLACE OF I	given in Pa DEATH (Check tesidence 6 NO 2 e, and due to ured at the tin	PERFORI 1 YES 2 Conly one) Other (Specify) 8d. DESCRIBE HOW IN St. LOCATION (Street at City or Town, State) the cause(a) and manina, date and place, and	MED? NO JURY OCCURI Number or F	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Bural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions co Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of the condition	DUE TO (O DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRON DUE TO (O CHRO DUE TO (O CHRO DUE	PR AS A CONSEQUENCE OF AS	JENCE OF): SUITING IN THE U JOA OTHE DOA 4 Nu 28b. TIME OF INJURY M e, ferm, street, fee	26. PLACE OF I	given in Pa	PERFORI 1 YES 2 Conly one) Other (Specify) 8d. DESCRIBE HOW IN St. LOCATION (Street at City or Town, State) the cause(a) and manina, date and place, and	MED? NO JURY OCCUR! The Analysis of the Call due to the Call 29d. DATE SH	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Rural Route Number, sues(a) and manner es stated. GNED (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions co Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of Acut Congress for the conditions of the condition	DUE TO (O DUE TO (O CHRON D	eath but not received by knowledge, death but not received by the second	JENCE OF): JENCE OF): Suiting in the understand the number of the numb	26. PLACE OF I	given in Pa DEATH (Check tesidence 6 NO 2 e, and due to ured at the tin	PERFORI 1 YES 2 Conly one) Other (Specify) 8d. DESCRIBE HOW IN St. LOCATION (Street at City or Town, State) the cause(a) and manina, date and place, and	MED? NO JURY OCCUR! The Analysis of the Call due to the Call 29d. DATE SH	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Bural Route Number,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR 1 . STATE	ST	ATE OF MARY	LAND /	DEPARTM	ENT OF	HEALTH AND	MENT	AL HYGIENI		2 3	5685
1	1. DECEDENT'S NAME (First, Mide	idle, Lest)	1	CE		11	F DEATH	2. DAT	REG. NO.	ν	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SE	lay	E (In yrs. las	r15C	- //		1	2 10	7 9	2/	635 P
V	216-36-59	152 10	M 2 5/F	53	YRS. MOI	UNDER 1 YEAR	HOURS MIN.	08	E OF BIRTH rith, Day, Year)	39	Mary	
DIRECTOR	11111	eneral	Hospit	al	ü	1	n or location of di 1115 Ter	EATH			FF01	1
REC		b. COUNTY			10c. CITY, TO	OWN OR LO	CATION				100	INSIDE CITY
	Maryland 100. STREET AND NUMBER	Carrol:	l County		Tan	eytow						YES 2 NO
ERA	37 Fairgroun	nd Aweni	10				10f. ZIP CODE	2178	37	USZ	en of What D	COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	ried 12. W	AS DECEDENT EVER DRCES? 1 YES, GIVE WAR OR	S 2 N DATES		If yes,	ECENDENT OF HISPA specify Cuban, Maxica ES 2 NO Specifi	an, Puerte				American Indian, lite, etc. White
ED		NT'S EDUCATION			CEDENT'S USL		TION most of working	10	Bb. KIND OF BUS	INESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)		ege (1-4 or 5+)	Hite.	o NOT use re	tired.)	most or working		Securit	У		
ш	17. FATHER'S NAME (First, Middle, James V. Sa						Margare		Middle, Maiden : C Kenna			
10 8	19a. INFORMANT'S NAME (Type/P			- 1			t and Number or Rural					_
	Catherine No:	rvell	1,		37 Fai		ind Avenue				2178	
	1 Burlal 2 Cremation 3				matory or other		Name of	DA	TE 20c. LOC	CATION — CI	ty or lown,	State
	21. SIGNATURE OF FUNERAL SE	AU L		ade, 12/21			AND ADDRESS OF FA				_	Board 1201
ATION	23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or AS A CONSEQUENCE OF): Due To (or AS A CONSEQUENCE OF): Due To (or AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO (OR AS	A CONSEC	DUENCE OF):							
: MEDICAL	PART II. Other algnificant c	conditions con	tributing to death	but not n	esulting in ti	ne underly	ing cause given in	Part I.	24a. WAS AN PERFORE	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
SICIAN	25. WAS CASE REFERRED TO ME EXAMINER?		PITAL:		01	26. THER:	PLACE OF DEATH (Ch	neck only	one)			
HYS	1 VES 2 10		Sea. DATE OF INJURY	_		Nursing H	ome 5 Residence	1	her (Specify) EŞCRIBE HOW IN	I ILIBY OCCI	IDEN.	
Y P	1 Natural 5 Pend	ding	(Month Day Year		MUURY	_	VORK?	240. 5	ESCRIBE NOW IN	SUNT OCCU	MED	
ETED 8	2 Accident Investigation 3 Suicide 6 Could not be determined City or Fown, State) 28e. PLACE OF INJURY — At home, tarm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Fown, State)											
COMPLE							ite and place, and due					I manner as stated.
8E		Dake	+ M.	Ofte	m AA	Sell	29c. LICENSE NUI		58			nth, Day, Year) 9-92
0	Alva S. B.	aket W	D- 53	4B	27) (Type, Prin	11/29	e Wes	Tm.	inster	ml) 8	2/157
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IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to miss they death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event; the medical examiner must be notified at once.
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	TIEGIO TI DUT				OLI	till lo	AIL U	DE	7111		HEG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)								2. E	DATE OF DEATH		YEAR	3. TIME OF DEATH
	Pamela		eresa		DOHLE					\perp		19/	92	11:30 P m
	4. SOCIAL SECURITY NUMBER		5. SEX 1 ☐ M 2 🕅 F		yrs. lest bir	8404	THS DAYS	_	NDER 24 HRS	(4	MATE OF BIFTTH Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign y)
	220-50-197			4	5	YRS.	300,10,10					čimore Count		
Œ	9a. FACILITY NAME (# not in			1		9b.						9c. COU	INTY OF D	EATH
2	Franklin		Hospita.	1			E	alt	imore	:		B	alti	more
DIRECTOR	10e. STATE	10b. COUNT	Υ		7	loc. CITY, TO	WN OR LO	CATION						10d. INSIDE CITY
5	Maryland	Ва	ltimore				Balt	imoı	re					LIMITS?
A	10a. STREET AND NUMBER							101. ZIP C				10g. CIT	TIZEN OF V	VHAT COUNTRY?
E	12 Moray	Court					1	2	21236	1			U.S.	Α.
BY FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMEI	D	13. WAS D	ECENDEN	T OF HIS	ANIC O	RIGIN? (Specify Yes	or No-	14. RACE	— American Indian, c, White, etc.
≥	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DAT	TES TES				NO Spe		erto Rican, etc.)		Speci	W-
		EDENT'S EDU	1										ŀ	White
COMPLETED	(Specify onl	y highest grade	completed)		(Ghe I	kind of work	done during		orking		186. KIND OF BUS	HNESS/IN	DUSTRY	
7	Elementary/Secondary (t	1-12)	College (1-4 or 5 · N/A	+)		ector		2100			Hote	1 Tn	4	
∑	17. FATHER'S NAME (First, M	iciclie, Last)	MI		2110	CCLOI	OT 2	_		NAME (F	iret. Middle, Meiden		aus L	Ly
	John Merend	la							ALI-COUNTY.		Colaw			
BE (19a. INFORMANT'S NAME (ype/Print)			19b. M	AILING ADD	PRESS (Stree	t and Nur			Number, City or Town	ı, State, Zi	p Code)	
2	Donald M. I	Oohler	(Husbar	nd)							ore, MD			
	20a. METHOD OF DISPOSIT	ION		20b. F	PLACE AND	DATEGEDI	SPOSITION	Name of			DATE 20c LO	CATION _	City or To	wn, State
	1 Donation 5 Other	(Specify) En	tombment	Du	laney Laney	ory or other to	ley M	em.C	arde	nsl	2/22 Tim	oniu	m. M	arvland
1	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				22. NAME	AND ADD	DRESS OF	FACILITY	Υ			
	> 1/1/1/A	19					970	ımun 5 Be	lek r	une	ral Home	s, li	nc.	21226
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Approximate Interval Between Onset and Death													
	disease or condition	-	Meta	astat	ic Mo	elano	ma							Officer and Deadi
	disease or condition resulting in death) Metastatic Melanoma Due to (or as a consequence of):													
Z	A CONTRACTOR OF THE STREET		b											
SE	Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A C	CONSEQUE	NCE OF):								
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju		C											
Ē	that initiated events resulting in death) LAS	т	DOE 10	(OR AS A C	CONSEQUE	NCE OF):								i
Ü			d											
	PART II. Other significa	nt condition	e contributing to	death but	t not resu	uiting In th	e underly	ing cau	se given	In Part	I. 24a. WAS AN		24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL											1 VES 2	V		COMPLETION OF CAUSE OF DEATH?
ME											1 7			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			-	26. HER:	PLACE O	F DEATH (Check or	nly one)			
YSI	1 TYES 2 NO		1 Inpatient 2		tient 3 🗆			ome 5 🗆	Residenc	• \$ 🗆	Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE OF (Month, D		20	8b. TIME OF INJURY		NJURY A'		28d.	DESCRIBE HOW II	JURY OC	CURED	
B	2 Accident	Investigation	200 PH ACE O	E IN RIPW	40.00				2 NO	-				
ED		Could not ba determined	28e. PLACE O building,	etc. (Specif)	y)	rerm, street	, mctory, or	rica .		281.	LOCATION (Street a City or Town, State)	nd Numbe	r or Runal F	loute Number,
COMPLETED	29a. CERTIFIER								_					
MP	(Check only		ICIAN: To the best of											
8				zamination (end/or inve	etigation, in	my opinion	, death o	ccured at t	he time,	date and place, an	d due to t	he cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	R Lla	1	11	١.		29c.	LICENSE N	UMBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF	E DEBOON IN	2 170	/	Comme							160	2/14	192
.	on Chan-Hin							130	1 time	are	idar√Land	1 215	237	
			5 9000 FT	απικτί	ııı əy	uare	וענ	, טמ	1 C IIII	71 6	riai y raile	1.		
	DEC 2 2 199	Z gu	ALL DECORPORE	Marke	-green	*								
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SECENENT'S NAME (Elm) Mid-	dla diametri						
REGISTRAR		C	ERTIFICAT	E OF D	EATH		REG. NO.
FOR STATE	STATE O	F MARYLAND				MENTAL	HYGIENE
1 0 6 11 3 2 3	raic 1,	z, per	MEU, G-	- 095,	1/4/	92 gn	

	1 - STATE REGISTRAR	STATE UF M		/ UEPAR					MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATN			3. TIME OF DEATH
	STANLEY	DICKER	SON						MON	.2	0.7	9 2	7:21 Pm
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATI	OF BIRTH		8. BIRTHE	LACE (State or Foreign
	218-36-6507	1 M 2 - F	53	YRS.	- Continu	UMTS	HOURS	wire.	8/	24/19:	39		IMORE, MD.
œ	9a. FACILITY NAME (If not institution, give st	reet and number)			9ь. СПУ,	TOWN O	R LOCATIO	ON OF DE	EATN		9c. COL	JNTY OF DE	ATH
DIRECTOR	1003 W FAVETTE	STREET			BAL	TIM	ORE	CIT	ΓY				
E C	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN 0	R LOCAT	ION					T	10d. INSIDE CITY
5	MARYLAND			BA	LTIM	ORE							LIMITS?
AL	10s. STREET AND NUMBER					101	ZIP CODE				10g. CIT	TIZEN OF W	HAT COUNTRY?
FUNERAL	129 S. CATHERINE	STREET				1 2	1223				USA	A	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13. 1	MAS DEC	ENDENT O	F NISPAI	NIC ORIG	N? (Specify W	s or No-	14. RACE	- American Indian, White, etc.
BY	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	140			2 X NO			Rican, etc.)		Specify	
	15. DECEDENT'S EDUC	PATION	1 44- 19	FORDERINA								BLA	CK
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	_ (Give kind of the Do NOT up	work done o	during mo	at of workin	g	16	b. KIND OF BI	JSINESS/IN	DUSTRY	5 1 1
7	contains y Secondary (0-12)	College (1-4 or 5+)											
O	17. FATHER'S NAME (First, Middle, Last)			-			18. MOTE	ER'S NA	ME (First.	Middle, Maide	Surnamel		
ш	WALTER WHEATLE	Y					ED	ITH	DI	CKERSO	N		-
0	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street e	nd Number	or Rural I	Route Nur	nber, City or To	vn, State, Zi	ip Code)	
Ĕ	OLIVIA KEMP			129 S	. CA	THER	INE	STRE	EET,	BALTI	MORE,	, MAR	YLAND 21223
- 0	20a. METHOD OF DISPOSITION 1 □/Burlal 2 □ Cremation 3 □ Remo	wal from State		EANDDATE					OA			City or Tow	
3	4 Donation 5 Other (Specify)	-	WEST	ERN S	TAR	CEME	MTER	Y 12	2/21	/9 2 CA	TONS	VILLE	, MARYLAND
	21. SIGNATURE OF PUNERAL SERVICE INC	h S	10.		22. I	NAME AN	BRO	THEF	CILITY RS F	UNERAL	HOME	E.P.A	
	23. PART I. Enter the diseases, or c	14. 0	de	7	1	300	EUTA	W PI	LACE	BALT	IMORE	E, MD	
HILLEATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic cardiovascular disease OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
H	resulting in death) LAST				,,								į
2	DAPE II Out a stantilland on the									· · · · · ·			
N: MEDICAL	PARI II. Other significent conditions	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 XYES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATN (Ch	eck only o	ne)			
PHYSICIAN:	1 X YES 2 NO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHER	t: Ing Hom	5 🗆 Re	sidence	6 XOth	er (Specify) V	ACAN	T BU	JILDING
87 PH	27. MANNER OF DEATN 1 Matural 5 Pending	28e. DATE OF II (Month, Day		28b. TIM	E OF JURY M	28c. INJI WOI 1 Y	JRY AT RK? ES 2	NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Homicide determined								r or Rural Ac	oute Number,			
COMPLETED		29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.											
O BE C	296 SIRNATURE ANOTITILE OF CERTIFIER	UA	N				29c. LICE		M .	E	29d, DA1		Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO MARIO F. CTOLU 21. DATE FILED (Month, Day, 1904)	COMPLETED CAUSE	NP111			ree				ore.	Mary		
	DEC 22 1992	Julian	widow)	ingloth)									

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		SIAIL OF MAN	CI	ERTIFICA	TE O	F DEATH	MENTAL HYGIEN REG. NO				
li di	1. DECEDENT'S NAME (Firs	t, Middle, Lest)		_				2. DATE OF DEATH	WA	YEAR	3. TIME OF DE	
	MICHAEL 4. SOCIAL SECURITY NUM		CHARLE				DIXON	12 19		2 Z	9:30	A
	219-17-44		5. SEX 6. AG	E (In yrs. les 17	yrs. MONT	HS DAY		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTTE Count	IPLACE (State or :	Foreign
1	9a. FACILITY NAME (If not i			1/				8/5/75			sh.D.C	•
c					96.		n or location of D Byton	DEATH	9c. COUN			
5	15075 BUS	CEDENT	CK ROAD						HOW	ARL)	
DIMECTOR	10a. STATE	10b. COUNTY	1		10c. CITY, TO		CATION				10d. INSIDE CIT	Υ
	Maryland	Howar	u 		Dayt	on					1 YES 2	NO
A	5233 Kalmi						21036		-		WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS		MA DECEDENT COM					W		S.A		
- 1	1 Never Married 2		12. WAS DECEDENT EVER FORCES? 1 YE	S 2 🕞	NO NO	If yes,	specify Cuben, Mexic	UNIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	s or No-	Black	E — American Inc k, White, etc.	Man,
B	3 Widowed 4 Div	orced	IF YES, GIVE WAR OR	DATES 21		1 🗆 1	rES 2 NO Spec	My:	1	Spec	"y: Whit	e
3		CEDENT'S EDUCA		16a. DE	CEDENT'S USUA	L OCCUP	ATION	16b. KIND OF BU	SINESS/INDL	JSTRY		
COMPLE	Elementary/Secondary (lly highest grade co	College (1-4 or 5+)	(G	ive kind of work d . Do NOT use retir		most or working					
M					Studer	it						
3	17. FATHER'S NAME (First, A Randolph A							AME (First, Middle, Maiden	Surname)			4
u u		,						on Dixon				
2	Randolph		1	5	b. MAILING ADDI 233 Kal	RESS (Stre การ์ ว	Dr Daste	Route Number, City or Town, Md. 210	m, Stata, Zip (Code)		
	20m METHOD OF DISPOSIT											_
	1 Buriel 2 Cremati	on 3 🗆 Remove		emetery, cre	AND DATE OF DIS		(Name of		CATION C			
			ISEE ^	St.	Mary's	22. NAME	ANO ADDRESS OF F	12/23/92 R	lockvi	lle	Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARRY H. WITZKE FUNERAL HOME											
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear indiure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										Betwe	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): d.											
AL O	PART II. Other significa	ent conditions	contributing to death	but not r	esulting in the	underly	ring cause given in	Part I. 24s. WAS AN		24b	WERE AUTOPSY MAJLABLE PRIO	
MEDIC	cutt	NG W	Jump G	FK	1GHT	WK	157	1 N YES :			COMPLETION OF OF DEATH?	
Σ								_			1 YES 2	NO
SICIAN.	25. WAS CASE REFERRED T EXAMINER?	1	HOSPITAL:		ОТ		PLACE OF DEATH (C		.075	DIIC	IDII DAI	275
2	1) YES 2 NO	1	28e. DATE OF INJUR		DOA 4 D			6X Other (Specify)			EY PAI	KK
		Pending	(Month, Day, Year 12-19-19)	FOUND.		INJURY AT WORK? YES 2/1/NO	28d. DESCRIBE HOW				
	2 Accident 3 Suicide	Investigation	28e. PLACE OF INJU	RY At ho	9;00A'	•	777	SUBJECT 281. LOCATION (Street			SELF	
3	4 Homicide	Could not be determined	building, etc. (S	pecify)			SHACK	City or Town, State)		RK ROAL)
4	29e. CERTIFIER	TIEVING BUVEROU	Ny To the heat of an 1							_	. 1011	
OMPLET								e to the cause(e) and ma e time, date and place, as			and manner as	استواد
ا د	296/ BIGH OTURE AND TITLE	-	M	-		., -,						
4	MA	* (N	all X	1.1			29c. LICENSE MU				(Month, Day, Year)
\		1 7	Mr.	LW			O.C.M.	E.	1 12	-20	-1992	

DEATH (ITEM 27) (Type, Print)



MARIO F-31. DATE FILED (MONTH) Dey, DEC 2 2 1997

1992

DHMH-16 Rev 1/89

PENN STREET BALTIMORE MARYLAND 21201

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 pn, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE CONTROL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO BE COUNTING DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 and Mental Modernal Mode)

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC				GIENE G. NO.	2 0000	5 5		
	1. DECEDENT'S NAME (First, Middle, Last)	- 0				2. DATE OF DE	EATN DAY	YEAR 3. TIME OF DEAT	ΓN		
	LAURA R.	OSTER				12	20 9	2 / 30	₽ M		
25.5000	4. SOCIAL SECURITY NUMBER 214-01-8011	1 D M 2 1 7	A	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Morith, Day,	Year)	B. BIRTNPLACE (State or Fo	reign		
OR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH										
E .	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
DIRECTOR	MD			altimo				LIMITS?			
	10e. STREET AND NUMBER				ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?	140		
EB	11 Pecan Ln.				21221			USA			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 V NO		ENDENT OF HISPAI			14, RACE — American India Black, White, etc.	en,		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		2 NO Specif		7177	Specify: Black			
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU			16b. KIND	OF BUSINESS/IND				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) Cottege (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	st of working						
MP	High School										
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
BE	Andrew Foster				Leeann						
2	190. INFORMANT'S NAME (Type/Print) Dianna DAVIS				ne./Bal		y or Town, State, Zip	1221			
	20a, METHOD OF DISPOSITION	206	PLACE AND DATE OF D				20c. LOCATION —				
	1 Donation 5 Other (Specify)	oval from State ceme	etery, crematory or other i	place)				1 1 - 2 2 3 3 - 2 5 2	MD		
	4 Donation 5 Dother (Specify) Mount Calvary Cemetery Anne Arundel Co., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSET 22. NAME AND ADDRESS OF FACILITY										
	111.06			MM C	млрсы	с ш /	1101 E	NORTH AVE			
	23. PART I. Enter the diseases, or o	omplications that caused	the death. Do not								
	shock, or heart fellure. I	ist only one cause on ear	ch ilne.	F-1110 - 429 - 1108				Interval Bo	etween		
	immediate Cause (Final disease or condition resulting in death) a. Colo feets Causer for										
	reading in death)	DUE TO (OR AS A	CONSEQUENCE OF):								
N N	Sequentially list conditions,	k									
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A I	CONSEQUENCE OF):								
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					·			
CERTIFICATION	resulting in death) LAST	ı									
	PART II. Other significant conditions	contributing to death by	at not requising in the	ha sandadulas		Bank I and					
18	PART II. Other significant conditions	contributing to deeth bu	it not resulting in th	ne underlying	cause given in	Per(I. 24a.	WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C	TO		
MEDIC						— ¹ ·	YES 2 NO	OF DEATH?			
Σ			<u> </u>			-		1 🗆 YES 2 🗇	10		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)					
Sic	EXAMINER?	HOSPITAL:		THER: Nursing Home	5 - Reeldence	8 Other (Spec	elfy)				
돭	27. MANNER OF OEATH	28e, DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJI	JRY AT		HOW INJURY OCC	CURED			
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, stree	t, tectory, office		281. LOCATION City or Your	(Street end Number n, State)	or Rural Route Number,			
COMPLETED											
MPL		CIAN: To the best of my knowle									
8		3: On the basis of exemination	end/or investigation, in	ny opinion, de	eath occured at the	time, date and p			tated.		
H	296, SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NUI			E SIGNED (Month, Day, Ybar)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	TH (ITEM 27) (3ma pur	11	1343	285	- /	2/20/92			
	The state of the s		(II Em El) (lypu, Pill	n/							
	31. DATE FILED (Month, Day, Year)	7 432. RIIGISTRAR'S SIGNA	双连 .								
	DEC 2 2 1992	The newson-									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO RESTANDENCE PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician. THE TOWNAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be a provened to the state Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
LOSATIN, OR ATTENDING PHYSICIAN: The law requires that the death certificate be the TUNION. DIRECTOR: After this certificate has been signed by the attending physician in hours after death with the State Dept. of Health and Mental Hygiene prior the POPTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traus
LOSS IN. OR ATTENDING PHYSICIAN: The law requires the truncal DIRECTOR: After this certificate has been signs of the truncal translation of the att programm. If item 28 is marked, or item 23 shows a
TOO THE CONTRACTOR AND THE CONTRACTOR After this or Contract After the Contract After the Contract After the Contract After After the Contract After Till Hom 28 is marked,
POSTANT. OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIEN	E
CERTIFICATE OF DEATH	REG. NO).

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.	_ 0	0000				
	1. DECEDENT'S NAME (First, Middle, Lest)	7	FRIEL			2. DATE OF MONTH	T	YEAR 3	3. TIME OF DEATH 6:45Pm				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8. BIRTHP	LACE (State or Foreign				
	214-44-6454 9e. FACILITY NAME (If not institution, give airre	1 M 2 F				060	X647	Mary	land				
DIRECTOR	96. FACILITY NAME (If not institution, give street and number) 1												
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			1.	10d. INSIDE CITY				
	Maryland		West	port					LIMITS?				
FUNERAL		- 3			ZIP CODE				HAT COUNTRY?				
N.	2241 Annapolis Ro	12. WAS DECEDENT EVER IN	110 40450		21230		US						
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Mexica	nn, Puerto Ric	(Specify Yea or No	Black,	- American Indian, White, atc.				
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR ON DAI	ies .	1 TES	2 X NO Specif	ry:		Specify:	white				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N at of working	16b. K	IND OF BUSINESS/IND	USTRY					
F	10th	outage (I-4 of 5 4)	Homemak	er			Self						
S S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mic	Idle, Meiden Surname)						
BE C	George H. Sears,	Sr.			Viola	Lacks							
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street ar	nd Number or Rural	Route Number	City or Town, State, Zip	Code)					
F	Curtis Friel		2241 Ar	napoli	s Road,	Westp	ort, Mary	land	21230				
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Remove		PLACE AND DATE OF D			OATE			.,				
	4 Donation 5 Other (Specify)	(G]	len Haven	Cemete	ry 12	/21/92	Glen Bur	nie,	Maryland 🗆				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambroso Funeral Home of Langdorme												
	2719 Hammonds Fr. Rd. Lansdowne, Md. 21227												
	23. PART I. Enter the diseases, or co	implications that saused	the deeth. Do not	enter the mod	de of dying, suc	ch es cardia	c or respiratory arre	est,	Approximate				
	shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A CONSTRUCTION OF A CONSTRUCTIO												
	DIM 10 (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions,	DUE TO COR AST	Talle			-							
TA.	If any, leading to immediate cause. Enter UNDERLYING												
띮	CAUSE (Disease or Injury that initiated events	DUE TO/OR AS A	CONSEQUENCE OF	2					1				
CERTIFICATION	resulting in death) LAST	Ner	who i	tail	سون								
	PART II. Other significant conditions	contributing to death Yu	1	No standardada a	Annual Maria da	par I.							
CAL	METABOU	a A . s	3	ne underlying	ceuse given in	Part I. 2	4a. WAS AN AUTOPSY PERFORMED?	A	WAILABLE PRIOR TO				
	Immune I	1, - 1 - +				— ¹	YES 2 ONO		COMPLETION OF CAUSE OF DEATH?				
Σ	- Minuse 1	Weensey 19	penia			-		1	YES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL)	26 Pt	ACE OF BEATH (C)								
[[]	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch								
H	27. MANNEY OF DEATH	28a. DATE OF INJURY	26b, TIME O	F 28c, INJI	5 Residence	K	Specify)	URED					
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? ES 2 NO	THIS COLUMN							
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	Al home, farm, atree	t, factory, office			ION (Street and Number	or Rural Ros	ute Number,				
4 Homicide determined building, stc. (Specify)													
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	dge, death occurred at	the time, data	and place, and due	to the cause	(s) and manner as state	м					
8		On the basis of examination							and manner as stated.				
	296. SIGNATURE AND TITLE OF CENTIFIER	00.0			29c. LICENSE NUI				Month Day, Year)				
BE	arrell	edel			D191	07	► /Z	2/1	1/92				
٩	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEAT			11			1					
	2600 Liberty 31. DATE FILED (Month, Day, Year)	Heights K		ALT.	MD.	2121	J						
	DEC 2 2 1992 3	#32. REGISTRAR'S SIDEN	photos.										

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ackart, 119 W. High St. Elkton, MD

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24	Je Je	jou.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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exe	n an	2	E
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or

92 35691 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dec. 21 1992 EAR Ralph Lindsay Fitch, Sr. 7:00 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Feb. 6,1926 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 220-14-8245 A 1 X M 2 - F Maryland 66 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 100 Ericsson Avenue Betterton Kent RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Betterton 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 100 Ericsson Avenue 21610 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuber, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 X Married 1 TES 2 XNO Specify: BY 3 Widowed 4 Divorced WW II White COMPLETED 15. OECEDENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Construction Worker Insulation Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Norman Fitch Naomi Lindsay 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Agnes J. Fitch (wife) 100 Ericsson Avenue, Betterton, MD 21610 20e. METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Remark
4 Donation 6 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Holy Redeemer Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. stions that caused the rises. 9705 Belair Road, Baltimore, MD 21236 23. PART I. Enter the diseases, or compilica death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. Liat only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ obstructive resulting in death) UN: DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): ON Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 ☐ YES 2 ☐ NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER

1 Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

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29c. LICENSE NUMBER

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29d. DATE SIGNED (Montyl, Day, Year)

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TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	F
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
jej.	Amendment of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
e funeral director, page 5 should be detache	CTHE TURING DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the	-

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN		33032			
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy Henriett	a Filippetti				Descript 16,		3. TIME OF DEATH 4:20p			
	4. SOCIAL SECURITY NUMBER 218-46-7056	1 D M 2 AF 45		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH De (Month, Pay Year) 1	946	BIRTHPLACE (State or Foreign Country) Maryland			
TOR	98. FACILITY NAME (if not institution, give street and number) 325 Third Avenue 96. CITY, TOWN OR LOCATION OF DEATH Baltimore										
DIRECTOR	10a. STATE 10b. COUNT	Baltimore	10c. CITY,	TOWN OR LOCAT	TION		10d. INSIDE CITY				
FUNERAL	104. STREET AND NUMBER 325 Third Avenue				ZIP CODE 21227		10g. CITIZEN USA	1 № YES 2 NO OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 2 NO	13. WAS DEC It yes, sp 1 TES	ecify, Cuban, Maxicai	IIC ORIGIN? (Specify Yar n, Puarto Rican, etc.)		RACE — American Indian, Black, White, atc.			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Factory	rk done during mo: retired.)	ON st of working	Southe		RY			
BE CON	17. FATHER'S NAME (First, Middle, Last) Harry H. Meszaros	5R			18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame) ith				
2	Patricia Hadley		19b. MAILING A	DDRESS (Street at Chird Av	nd Number or Rural R 7e, Balti	houte Number, City or Tow Lmore, MD	n, Stefe, Zip Cod 21227	le)			
1	29a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	PLACE AND DATE OF	"PCeme te	ery Dec.	1. 1	cation city ook Iyn	or Town. State			
	Deant P Charleton Licensee 22 NAME AND ADDRESS OF FACILITY Charlton Funeral Home 2007 Eastern Ave, Baltimore, MD 21231										
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
A	PART II. Other significent condition	s contributing to death be	it not resulting in	the underlying	ceuse given in i	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC	4					1 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)					
14S	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Output 28s. DATE OF INJURY	itlent 3 DOA 4	☐ Nursing Home	5 Residence 8						
	1 Naturel 5 Pending	(Month, Day, Year)	28b. TIME (Y WOI	RK? ES 2 NO	28d. DESCRIBE HOW II	VJURY OCCURE	D			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	26s. PLACE OF INJURY building, atc. (Speci	— At homa, farm, stre			281. LOCATION (Street a City or Town, State)	nd Number or Re	ural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED	an Lely			DUILIA	BER	29d. DATE SIG	NED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)				and the			
	31. DATE FILED (Month, Day, Year) DEC 2 2 1992	32. REGISTRAR'S GIONA	TOPPE C								

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ITEMS: 23 PART I, 27, 28a,b,d,e per MEO G-695 1/5/93 reb

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VALERIE IOIS	1	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last)									T	3. TIME OF DEATH			
THE STATE AND ADDRESS TO CHARGE OF CONTRIBUTION AND ADDRESS (THE ADDRESS (THE ADDRESS CONTRIBUTION AND ADDRESS CONTRIBUTION AND ADDRESS (THE ADDRESS CONTRIBUTION AND ADDRESS CONTRIBUTION AND ADDRESS (THE ADDRESS CONTRIBUTION AND ADDRESS CONTRIBUT		VALERIE LOIS								MONTH DAY YEAR					
SA SECURITY AND RELIGIOUS SOUTHWAY #B1 BALTIMORE CITY SOUT		The state of the s								-	7. DATE OF (Month, I July	6,19	38	a. BIRTH Country New	PLACE (State or Foreign York
STREET AND NUMBERS 345 HORNELAND SOUthWay B—1 11. MARTHAL STRUE 11. MARTHAL STRUE 12. WAS DECEMBERT EVER IN U.S., ARMED 12. WAS DECEMBERT OF HISPAND ORIGIN? (Specify the or No.— 12. WAS DECEMBERT OF HISPAND ORIGIN? (Specify the or No.— 13. WAS DECEMBERT OF HISPAND ORIGIN? (Specify the or No.— 14. MARTHAL STRUE 13. WAS DECEMBERT IN U.S., ARMED 15. WAS DECEMBERT OF HISPAND ORIGIN? (Specify the or No.— 16. SECRETIVE TO BE 3 (S) NO. SECRETIVE TO BE	_						1				тн				
STREET AND NUMBERS 345 HORNELand Southway B-1 11. MARTAL STRUE 12. WAS DECEMENT FROM IN U.S. AND DECEMENT FROM IN U.S.	05	RESIDENCE OF DECE	ND SC	YAWHTUC	#B1). 	BA	ALTI	MORI	E CIT	Ϋ́				
STATE OF MANABERS 345 HORneland Southway B-1 11. MANTHA STATUS 11. MANTHA STATUS 12. MARE DECERDENT EVERY IN U.3. ASSESSED 12. MARE DECERDENT OF HISPANC ORIGINAT (Speechly Yes or No. 11. MANTHA STATUS 12. MARE DECERDENT SENGLING (Speechly Status of Control of Speechly Yes or No. 12. MARE DECERDENT LIVES A 12.	JIE		ib. COUNTY												LIMITS?
1 To 1 To 2 1 To 1 To 2 1 To 1 To 2 1 To 1 To		10e. STREET AND NUMBER				Bo	атсш	10f.	ZIP CODE				10g. CIT	IZEN OF W	2.5
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The Informant's NAME (pymerrer) The MORDINAT'S NAME (pymerrer		(Specify only hig	ghest grade co	ompleted)		(Give kind o	S USUAL (I work done use retired.)	CCUPATIO during mos	N st of workin	g	16b. K				7
TOOST IN A SCITILICE THE MECHANITY NAME (Properties) TOOS E. Lieske TOOS COUNTRY VILLage Drive, Apt. 2—0. Bel Air, Md 702 COUNTRY VILLage Drive, Apt. 2—0. Bel Air, Md 702 COUNTRY VILLage Drive, Apt. 2—1. Bel Air, Md 703 COUNTRY VILLage Drive, Apt. 2—1. Bel Air, Md 704 COUNTRY VILLage Drive, Apt. 2—1. Bel Air, Md 705 COUNTRY VILLage Drive, Apt. 2—1. Bel Air, Md 706 COUNTRY VILLage Drive, Apt. 2—1. Bel Air, Md 707 COUNTRY VILLage Drive, Apt. 2—1. Bel Air, Md 708 LOCATION — Green State 4 Denetion 5 Bell Air, Md 708 LOCATION — Green State 708 LOCATION — Green State 708 LOCATION — Green State 708 LOCATION — Green State 709 Location — Green State 709 Location — Green State 700 L	WPL	Elemental y/Secondary (U-12)	<u>'</u>	_								ω	SHEL	Ology	
TOOL F Lieske TOOL F Lieske TOOL COUNTRY VIII age Drive, Apt. 2—D. Bell Air, Md		Robert	Sc.	hmidt					Doro	othy	Н.	Sc	hmid	_	
20. METHOD OF DISPOSITION 20. LOCATION — City or Town, State 20. Chronitory, commission of controllar, commission of property 21. SIGNATURE OF PURPAL SERVICE LICENSEE 21. ANAME AND ADDRESS OF PACILITY 21. SIGNATURE OF PURPAL SERVICE LICENSEE 22. ANAME AND ADDRESS OF PACILITY 21. SIGNATURE OF PURPAL SERVICE LICENSEE 22. ANAME AND ADDRESS OF PACILITY 21. SIGNATURE OF PURPAL SERVICE LICENSEE 22. ANAME AND ADDRESS OF PACILITY 21. SIGNATURE OF PURPAL SERVICE LICENSEE 22. ANAME AND ADDRESS OF PACILITY 21. ANAME AND ADDRESS OF PACILITY 21. ANAME AND ADDRESS OF PACILITY 21. ANAME AND ADDRESS OF PACILITY 21. ANAME AND ADDRESS OF PACILITY 22. A						702 C	G ADDRES	s (Street ar LY V:	illa	or Aural Ao ge Dr	ive Number	Apt.	2-D	· Be	21014 L Air, Md.
Continue of Purishal Service Licenses R. A. Ferris Crematory 12-16-92 West Chester, Pa.				ral from State	20b. P	LACE AND DAT	E OF DISPO	SITION (Nar				_			
HOWARD K. McCornas III Funeral Home, P.A. 1317 Cokesburry Road, Abingdon, Md. 21009 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwoen the course. Enter INDEPLINE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, I any, leading to immediate cause. Enter INDEPLINING Cause or injury that initiated events resulting in death) OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CO		4 Donation 5 Other (Spe	ecity)		R	. A. Fe	rris	Cre				92 W	est	Chest	er, Pa.
Approximate mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate indexists a shock or heart failure. List only one cause on each line. MIXED DRUG INTOXICATION AND ASPHYXIATION OUE TO (OR AS A CONSEQUENCE OF): a		1/20000	Uni	1. Pass		2011	H	oward	d K.	McCc	mas :	III F	uner	al Ho	ome, P.A.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PROM AMULABLE PRIOR TO CONTRIBUTION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 X Xeeldence 6 Other (Specify) 27. MANNER OF DEATH 28c. DATE OF INJURY AT WORK? 28c. DATE OF INJURY AT YES 2 NO 28c. PLACE OF DEATH (Check only one) 28c. DATE OF INJURY AT YES 2 NO NURNOWN 2 Accident Investigation Sulcide 8 Could not be determined City or Townships TOWN DATE APPLY AT 28c. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated one) 28c. PLACE OF INJURY AT UNKNOWN SELF - INJURY AT UNKN	ERTIFICATION	If any, leading to immedist cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	te	DUE TO	(OR AS A C	ONSEQUENCE	OF):								
1 Netural 2 Accident 3 Sucided 4 Homicide 8 Could not be determined City or low City or lo	77 1	PART II. Other significant	conditions	contributing to	death but	not resulting	in the u	nderlying	cause g	iven in P		PERFOR	MED?	24b.	AMAILABLE PRIOR TO
1 Netural 2 Accident 3.00 Suicide 4 Suicide 4 Homicide 8 Could not be determined 5 POUND: 12/8/92 FOUND: 12/8/92 FOUND: 12/8/92 FOUND: 12/8/92 SEI.F-INDUCED ASPHYXIA 1 VES XXNO SEI.F-INDUCED ASPHYXIA 1 VES XXNO SEI.F-INDUCED ASPHYXIA 2.00 SEI.F-INDUCED A	MEDICAL										_ 1	YES 2	□ NO		OF DEATH?
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29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check one) 29e. CERTIFIER (Check one) 29e. CERTI	HYSICIAN: MEDICAL	EXAMINER? 1 X X ES 2 NO 27. MANNER OF DEATH	1	1 Inpetient 2 I	INJURY	28h TI	OTHE 4 Nu	R: rsing Home 28c. INJU WOF	5XXA JRY AT RK?	sidence 6	k only one)	Specify)	JURY OC		OF DEATH?
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29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 29d. DATE SIGNED (Month, Day, Year) 12/09/1992	ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 X XES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident 3 X Suicide 8 Cou	nding estigation and not be	28e. DATE OF (Month, Date of Dullding,	INJURY ily, Year) 2/8/92 F INJURY etc. (Specify	FOU!	OTHE 4 Nu ME OF JURY M street, fac	R: rsing Home 28c. INJU WOF 1 Y: tory, office	5XIX	NO	City or	Specify) MBE HOW IN UNK INDO ON Street	OUCE NOWN	CURED D AS	OF DEATH? 1 U YES 2 U NO PHYXIA POPPOS OUT
O.C.M.E. 12/09/1992	ED BY PHYSICIAN: MEDICAL	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Perm 2 Accident Inver 3 X Suicide 8 Cou 4 Homicide dete 29e. CERTIFIER (Check only 1 CERTIFY)	nding settigation uid not be ermined	28e. DATE OF (Month, DI POUND: 1 28e. PLACE OI Building, FOUND: HAN: To the best of	INJURY ily, Year) 2/8/92 F INJURY etc. (Specify IOME	At home, farm	OTHE 4 Number of August Market	R: rsing Home 28c. INJU WOF 1 V: tory, office	5 X X A PRICE S 2 X C PRICE S	NO and due to	k only one) Other (3 28d. OESCR SELTER) City or #B1 othe cause	Specify) MBE HOW IN UNK INDO ON STATE BAI (e) and many	NOWN DUCE	D AS	PHYXIA MARYLAI
	E COMPLETED BY PHYSICIAN: MEDICAL	EXAMINER? 1 X ES 2 NO 27. MANNER OF DEATH 1 Netural 5 Perulative 2 Accident Invertion 3 Suicide 8 Cou 4 Homicide 8 Cou 4 CERTIFIER (Check only one) 1 CERTIFIER	nding estigation and not be ermined	28e. DATE OF (Month, DI POUND: 1 28e. PLACE OI Building, FOUND: HAN: To the best of	INJURY ily, Year) 2/8/92 F INJURY etc. (Specify IOME	At home, farm	OTHE 4 Number of August Market	R: rsing Home 28c. INJU WOF 1 V: tory, office	of Single Park And Pa	and due to	Other (SELL) Test Location (City or #B1	Specify) MBE HOW IN UNK INDO ON STATE BAI (e) and many	NOWN HCE MICO	D AS META ORE,	OF DEATH? 1 YES 2 NO PHYXIA PHYXIA MARYLAI 21212 and manner as shalld (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

10 5 20 11 11

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTRAH		CENTIF	ICATE U	PUEAIH	REG. N	O	
	1. DECEDENT'S NAME (First, Middle, Lest) Edward	<i>Ŧ</i> :	Grace			10	DAY 92	a. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	214-03-5734	1 M 2 F	77 YRS.			6-5-1	5 I	Baltimore, Md.
œ	9a. FACILITY NAME (If not institution, give s	,			N OR LOCATION OF D	EATH	9c, COUNTY	OF DEATH
16	St. Elizabeths H	nome		Balt	imore			
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Bal	timore				1 YES 2 NO
P. A				ľ	10f. ZIP CODE		-	OF WHAT COUNTRY?
FUNERAL	3320 Benson Avenu	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	21227 ECENOENT OF HISPAI	NIC ORIGIN? (Specify Y		S.A. RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1, YE IF YES, GIVE WAR OR 109-24-42	s 2 □no dates 02-24-46	If yea,	specify Cuban, Mexica ES 2 NO Specif			Black, White, etc. Specify: WHITE
ED TE	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S	USUAL OCCUPA vork done during se retired.)	TION most of working	16b. KIND OF B	USINESS/INDUS	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		surer		В	anking	To the
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide		
BE	William J. Grace	2				ine E. Ei		
ဥ	19a. INFORMANT'S NAME (Type/Print) Christine M. Jowa	nr vi tah	I .			Route Number, City or To		· ·
	20s. METHOD OF DISPOSITION	2	Ob. PLACE AND DATE	OF DISPOSITION	Name of	oklyn Park	OCATION - CH	
	Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	new Cathe	dral Ce	emetery	12-23-92		
	21. SIGNATURE OF FUNERAL SERVICE LIK	CEMBEE	8	22. NAME	AND ADDRESS OF FA	Ambros	e Funer	cal Home
L	to o	7	~>					us, Md. 21227
1	23. PART I. Entar the diseases, or shock, or heart fellure.	complications that caus List only one cause on	ed the death. Do r	ot enter the r	node of dying, suc	h aa cardiac or rea	piratory arrest	Approximate
1	IMMEDIATE CAUSE (Final disease or condition	Pass.	be Mis	mail	Freter	An.		Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEDUENCE OF) :	In Dye			
No.	Sequentially list conditions,	0	A CONSEQUENCE OF		It Due	٠٠٠		
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS	A CONSEQUENCE OF	-):				į
IFI	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEDUENCE OF	7):				
CERTIFICATION	resulting in death) LAST	d						
	PART II. Other significant condition	na contributing to death	but not reaulting	n the underly	ing cause given in	Part i. 24s. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL	Ryse, Kryn.					100	2 240-	COMPLETION OF CAUSE OF DEATH?
Σ	Kons rougher	4				_		1 TYES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE DF OEATH (Ch	eck only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	itpatient 3 🗆 DOA	OTHER:	ome 5 - Residence			
품	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year		E OF 28c. I	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
BY	1 Accident 5 Pending Investigation			M 1	YES 2 NO			
8	3 Suicide 8 Could not be 4 Homicide determined							
COMPLET		ICIAN: To the best of my kno	owledge, death occum	ed at the time, di	Ite and place, and due	to the cause(a) and m	anner as stated.	
S S	one) 2 MEDICAL EXAMINE	ER: On the basis of examinat	ion and/or investigation	n, in my opinion	, death occured at the	time, deta and place, a	and due to the c	ause(s) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIE	Then LI			29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	ID COMPLETED CAUSE DE I	DEATH (ITEM 27) /5	Print)	N)A	10 /	12	121/82
	30. NAME AND ADDRESS OF PERSON WHE			Ath Br	c Bolt.	MD 2 1288		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	MATERIAL					

6+1

to anything of

REG. NO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BERTHA LEE GROOVER December 18, 1992 9:45 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, West) 10-31-07 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 256-14-2278 D 85 Georgia 1 🗌 M 2 🔀 F HOURS VDG page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City 3735 Brooklyn Ave. RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3735 Brooklyn Avenue 21225 U.S.A. 24 hours after death, Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married BY 1 YES 2 XNO Specify Specify: White 3 Widowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5 +) 4th Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Lonnie Busby Minnie Strickland notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy L. Bromwell 3735 Brooklyn Avenue, Baltimore, Md. 21225 8 20s. METHOD OF DISPOSITION
1/L Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must director, cemetery, crematory or other place Maryland Nat Nat'l Mem. Park Laurel. Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral MATTHEWS FUNERAL HOME auch 3021 Eastern Ave., Baltimore, 21224 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiec or reapiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death cremation, the UTERINE CANCER disease Dr condition METASTATIC completely certificate be executed within resulting in death) traumatic event, O. BOX 68760, DUE TO (DR AS A CONSEQUENCE OF) hysician and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): attending physician a if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 DIVISION OF VITAL RECORDS, P. is has been signed by the attend is Dept. of Health and Mental Hy in 23 shows any injury, or DR ATTENDING PHYSICIAN: The law requires that the death PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 | YES 2 | ND PHYSICIAN: r this certificate has th with the State De arked, or Item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | 10 4 🗆 Nun 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investige 1 YES 2 ND BY After t 2 Accident 28e. PLACE DF INJURY — At home, ferm, street, factory, office building. etc. (Specify) 3 Suicide DIRECTOR: A hours after di item 28 is 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) -COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee atsted. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, 21776 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SURYA 203 -MD 32. PEGISTRAR'S SWATURE 2 1992 2

LIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMOHE, MARYLAND 21215-0020	THE NOTIFIED HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	#I 0L	THE THE	be filed	IMPOF

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND		GIENE			
	1. DECEDENT'S NAME (First, Middle, Lest) STEPHEN	N. GROVE				2. DATE OF D		52	3. TIME OF DEATH 02:00 AM M	
	4. SOCIAL SECURITY NUMBER 705-05-3718		and the property of the second				7. DATE OF BIRTH (Month, Day, Year) 10-4-07		PLACE (State or Foreign V)	
TOR	9a. FACILITY NAME (If not institution, give st NORTH ARUNDEL HO				BURNIE	EATH	9c. COU			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne	Arundel	10c. CITY,	TOWN OR LOCAL					10d, INSIDE CITY LIMITS? 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 4 Normandy Driv	ve		101	21060		10g. CITIZEN OF WHAT COUNTR			
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED 2 NO ATES	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rici			GIN? (Specify Yes or No— 14. RACE — Amer Black, White, o Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 +)	life. Do NOT use	rk done during mo retired.)	st of working	25.50	OF BUSINESS/IN		White	
MP	12 years		Certifie	d Publi	c Accour	ntant	B & O R	ailr	oad	
8	17. FATHER'S NAME (First, Middle, Last)						Malden Surname)			
H	John P. Grove Si	·				jia V. I	-			
2	19a. INFORMANT'S NAME (Type/Print) Frances Dietz				nd Number or Rural					
	200 METHOD OF DISPOSITION				e. Pasa					
	1 🗗 Burisi 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)		en Haven Cemetery 12/21 Glen				ATION — City or Town, State n Burnie, Maryland			
	21. SIGNATURE OF TUNERAL SETWICE LIC	Was .	X.	Kirkl	o adoress of fa ey-Ruddi rain Hwy	ck Fune			, Md. 21061	
ATION	23. PART I. Enter the diseases, or carbook, or heart failure. I immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		r respiratory ar	reat,	Approximate interval Between Onset and Death					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)							
PHYSICIAN: MEDICAL	PART II. Other significant conditions	s contributing to death b	ut not resulting in	the undarlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2/1/140	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 TO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch	eck only one)				
Sic	1 TES 2 TONO	HOSPITAL: 1 Dippetlent 2 ER/Outp		OTHER: Nursing Hom	e 5 🗆 Residence	8 Other (Spec	olfy)			
	27. MANNER OF DEATH 1 MNetural 5 ☐ Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY WO	RK?	28d. DESCRIBE	HOW INJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	M 1 TYES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29s. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
Ü	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				(Month, Day, Year)	
TO BE	Mark A. Gol	22 W			0366		•		18/9	
	MARK A. GOLDSTE				SW #601	/GLEN I	BURNIE,	MARY	LAND 21061	
	31. DATE FILED (Month, Day, Year) 32: REGISTRAR'S SIGNATURE DEC 2 2 1992									

STATE REGISTRAR

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MINISTON OF VITAL RECORDS, P.O. BOX 68/60,	DESCRIPTION DESCRIPTION The fear recognises that death cardiforns he accorded within 24 fearer
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 12 YEAR 19 Robert A. Griffith 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Worth, Day, Year 4/4/211-M 2 - F YRS 209-09-6388 Pennsylvania use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel Hospital Glen Burnie Anne arundel RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Anne arundel Glen Burnie 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 713 Old Stage Rd. 21061 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 🔀 Marrie IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BΥ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple Po Elementary/Secondary (0-12) College (1-4 or 5+) 3 yrs. Tool & Dye Designer Westinghouse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard T. Griffith BE Alexzine Pippin notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 713 Old Stage Rd. glen Burnie, Md. 21061 Virginia M. Griffith e 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, metery..cremetory of other place) Metro Crematory 12/22 Catonsville, Md. examiner 21. SIGNATUBE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by the cremation, or removal medical **Approximate** Interval Between **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): TAIPING MONI completely resulting in death) event, shysician and con prior to burfal, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to cause, Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 24s. WAS AN AUTOPSY PERFORMED? signed by the shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) State certificate HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 8 Other (Specify) 6 DIRECTOR: After this cert hours after death with the 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide FENL DIRECTORS Nours 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29d, DATE SIGNED (Month, Day, Year) BE 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Shavers 31. DATE FILED (Month, Day, Year) SZ. REGISTRAR A SIGNATOR 2 2 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	je 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law republic PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	t	THE THE	IMPOF

	1 - STATE OF MARY REGISTRAR		RTMENT OF H		MENTAL HYGIE REG. NO		30030				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	DOROTHEA 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE	W. GAR		12-2	0-92	9:30 P. M					
	217-38-4628 1 MXX F	(In yrs. last birthday) 82 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-04-		BIRTHPLACE (State or Foreign Country)				
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O	R LOCATION OF D		-	MARYLAND Y OF DEATH				
08	11129 FALLS ROAD		BROOK	LANDVI	LLE	BA	LTIMORE				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCAT	ION			10d, INSIDE CITY				
	MARYLAND BALTIMORE		BRO	OKLAND	VILLE	LIMITES					
RAL	100. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	11129 FALLS ROA 11. MARITAL STATUS 12. WAS DECEOENT EVER			1022-0	436 NIC ORIGIN? (Specify V	0.0.11.					
	1 Never Married XIX Married FORCES? 1 YES	X2X NO	If yes, spe	city Cuben, Mexico	en, Puerto Rican, etc.)	e or No-	Black, White, etc. Specify:				
D BY	3 Wildowed 4 Divorced						WHITE				
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	18e. DECEOENT'S (Give kind of life. Do NOT u	USUAL OCCUPATIO work done during mos se retired.)	N st of working	16b. KIND OF B	JSINESS/INDUS	TRY				
AP.	12	HOU	SEWIFE		OW	N HOM	E				
	17. FATHER'S NAME (First, Middle, Lest) ROBERT L. WT	LLIAMS			AME (First, Middle, Meide						
BE	190. INFORMANT'S NAME (Type/Print)		4000000		BEKAH WA						
유	HARRISON GARRETT (HUSB.) 1112	9 FALLS	RD., B	ROOKLAND	vn, State, Zip Co VILLE	,MD.21022-				
		b. PLACE AND DATE	OF DISPOSITION (Nat				y or Town, State				
	4 □ Donation 5 □ Other (Specify)	GREEN M	OUNT CR	EMATOR	Y 12-22	BALTO	.,MD. 21202				
	R. A. Rutt		H	ENRY	W. JENKT	NS & S	SONS				
H		400 4 00 -			ROAD, BAL						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximate intervel Between										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A Consequence on: Corrorary Outery Disease. (Unknown)										
	DUE TO (OR AS A CONSEQUENCE OF): (IVAK PORA)										
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	A CONSEQUENCE O	F): 7				(00 10 10 10 10 10				
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury										
1	that initiated eventa OUE TO (OR AS resulting in death) LAST	A CONSEQUENCE O	F):								
	d.										
CAL	PART II. Other significant conditions contributing to deeth	but not reaulting	In the underlying	ceuse given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDI					1 □ YES	X NO	OF DEATH?				
					_		1 TES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)						
IYSI	1 YES XXNO 1 Inpetient 2 ER/Ou				6 Other (Specify)						
Y PHY	XIX Natural 5 Pending (Month, Day, Year)	28b. TIM	JURY WOF	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	REO				
р ву	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28t. LOCATION (Street end Number or Pural Route Number)										
ETE	a Court not be determined building, etc. (Specify)										
COMPLETE	29e. CERTIFIER XX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated.										
00	2 MEDICAL EXAMINER: On the basis of examinati	on end/or investigation	on, in my opinion, de			nd due to the c	euse(s) end manner ee stated.				
86	geallubrieka W	NP	ľ	29c. LICENSE NUI	MBER 2	1 .	GNED (Month, Day, Year) -21-92				
임	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)	ייעע		1					
	IREDELL W. IGLEHART III	M.D.,5	500 W.UI	VIVERS]	TY PKWY	BALTO	.,MD.21210				
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DIVISION OF VITAL RECORDS, P.O. B

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TIEGIOTTAIT		05	1 1 1 1 1	CATE OF	DEATH	HEG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	R Ho	LT				2. DATE OF DEATH MONTH D	9 9	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-34-5144		E (In yrs. lest t		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) //-23-3		L. BIFTHPLACE (State or Foreign Country)
1 3	9s. FACILITY NAME (If not institution, give s	treet and number)			9h CITY TOWN	OR LOCATION OF D		_	TY OF DEATH
R	1337 ShERWOO		1239		BA		CAIN	SC. COUNT	T OF DEATH
IK	RESIDENCE OF DECEDENT	3 //VL W	الروساء			<u> </u>			
M	10a. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR LOC	TION			10d. INSIDE CITY
- DIRECTOR	mp. —			0	BAL				1 FES 2 NO
FUNERAL	100. STREET AND NUMBER 4113 BRENDAN	AVE				2/2/3		10g. CITIZE	S A
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARM	ÉD			NIC ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YE	S 2 100)	If yes, s	pecify Cuben, Mexic	en, Puerto Ricen, etc.)		Black, White, etc.
B	3 Widowed 4 Sivorced	IF TES, GIVE WAN ON	DATES		I I I YE	S 2 Ne Speci	ly:		Specify: BLACK
ED	15. DECEDENT'S EDU	CATION	T						
쁘	(Specify only highest grade	completed)	16a. DECE	idnd of w	ISUAL OCCUPAT ork done during n retired.)	ION ost of working	16b. KIND OF BU	SINESS/INDU	STRY
ių.	Elementary/Secondary (0-12)	College (1-4 or 5+)			a .		Dan	10	/ .
<u> </u>	(12)			LAE	PORER		1 Eps	(0	LA
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1				18. MOTHER'S N	AME (First, Middle, Maiden	Sumamal	
	William 1	1.1.				11	Ame (First, Innount, Innount)	- 0	
H	WI EN AIM	01-1				HAIT	E MO	OKE	
2	190 INFORMANT'S NAME (Type/Print)		19b.	MAILING A	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip C	iode)
F	DETTY HOLT	,	4	1113	Bo	ENDAN	AVE K	BALF	m/2/2/2
	20a. METHOD OF DISPOSITION	1	ON DI ACEAN	DDATEO	F DISPOSITION (lame of	0175 00-10	CATION	ty or Town, State
	1 1 Burisi 2 □ Cremation 3 □ Rsm		emetery crems	atory or oth	or place)		OATE 20c. LO	CATION - CI	ly or lown, State
1 1	4 Donation 5 Other (Specify)		400	don	PA	RK	1423 164	G 1	17 -
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME	ND ADDRESS OF	ICILITY		
	Dette Fun	10-0 1/2				10		1	2 /
	Asers 1 an	and Ho	me		112	PN.CA.	ROLINE S	7 %	BA 4 21213
	23. PART I. Enter the diseases, or can shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each iine.					iratory arres	Approximate Interval Between Onset and Death
	disease or condition	me	11		01	COTCINOM.			Onest and Death
	resulting in death)	B. DUE TO (OR AS	14 372	UC C	noichelo	COLCINOW.			
1 1		DOE TO (OH AL	A COMSEQU	ENCE OF	:				
z	Sequentially list conditions,	h 700	udic &	2					
CERTIFICATION	if any, leading to immediate	DUE TO JOR AS	A CONSEQU	ENCE OF)	:				
8	cause. Enter UNDERLYING								
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQU	ENCE OF)					
ΙĒΙ	resulting in death) LAST								1
英		d							
	PART II. Other significant condition	s contributing to death	but not res	ulting le	the underlyle	o ceuse oben la	Part I. 24s, WAS AN	ALITOROV	Total Mene Allenday Stranger
EDICAL				ortung in	. the underlyn	ig cause given in	PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
							1 _ YES 2	-NO	OMPLETION OF CAUSE OF DEATH?
									1 YES 2 #10
- N							_		1 150 2 5 110
A	AS MAD CASE DESERVED TO THE PARTY OF								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	26. F	LACE OF DEATH (C	neck only one)		
S	1 🗆 YES 2 🗇 NO	1 Inpetient 2 ER/O	utpatient 3			ne 5 🗆 Residence	8 Other (Specify)		
Î	27. MANNER OF DEATH	28s. DATE OF INJUR	γ :	28b. TIME		JURY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED
	Natural 5 Pending	(Month, Day, Year)	INJU		DRK?			
≧	2 Accident Investigation					YES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF INJU- building, atc. (S)	RY — At home pecify)	o, farm, st	reet, factory, offi	Ce Ce	28f. LOCATION (Street a City or Town, State)		Pural Route Number,
1 W I	4 Homicide determined	, , , , , , ,	,				City or lown, State)		
	29s. CERTIFIER			_	_=				
<u>=</u>	(Check only CERTIFYING PHYSI	CIAN: To the best of my kno							
COMPLET	2 MEDICAL EXAMINE	R: On the besis of sxaminal	tion end/or inv	restigation	, in my opinion,	death occured at the	time, date and place, an	d due to the	cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	3 1 1				29c. LICENSE NU	MRFD	204 0440	RIGHED (Month Co., Mr.)
H	9	dala				10000		A 1	SIGNED (Month, Day, Year)
2	Jerance d	Markets				03/12	03	- 1-	21-92
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, I	Print)	0 1			
	JERANCE Li V	mas and	Bo	Ma	Hedd	1 Contr	Beltund	ma)	
	31, DATE ELLED Month, Day Year	A CONTRACTOR OF THE PARTY OF TH	ATURE OF	7			. 12 0 1000	, ,	
	UEC 2 2 1992	32. GISTI AR'S S	louise	•					

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 35700

- 7	REGISTRAR		CENT	II IOAIE	OF DEATH		REG. NO					
100	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	AY	YEAR 3	. TIME OF DEATH		
	Harvey	L.		larlow	Jr.	12	2			3:45		
	4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. last birthda		EAR IF UNDER 24 HRS. AYS HOURS MIN.		OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign		
	218-26-7635	1 X M 2 □ F	62 YRS	š. WONTING 15	ATS HOURS MIN.	Dec	1, 1	930	Virg	ginia		
	9s. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	WN OR LOCATION OF E	HTAS		9c. COUN	TY OF DEA	ТН		
	3424 Lyndale A	venue		Ba1	timore							
3	10e. STATE 10b. COUNT		10c.	CITY, TOWN OR L	OCATION				14	Od. INSIDE CITY		
DINECTOR	Maryland ·			Baltime	ore				1	LIMITS?		
4	10s. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ		AT COUNTRY?		
FUNER	3424 Lyndale Ave	e.			21213	}		U	. S.	Α.		
5	11. MARITAL STATUS	12. WAS DECEOENT EX		13. WAS	DECENDENT OF HISPA	NIC ORIGIN	17 (Specify Ye	or No-	14. RACE -	- American Indian, White, etc.		
B \	1 Never Married 2XX Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆	YES ZXXNO Speci	fly:	mom1, 600.)		Specify:	White		
	15. DECEDENT'S EDU	CATION	Korean	T'S USUAL OCCU	IDATION	1 105	. KIND OF BU		IOTTON			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done durin	ng most of working	100	. KIND OF BU	SH4E22/HDC	SINY			
립	NA NA	NA NA	Pair	nter			Pai	nting	Comp	anv		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, I			1			
BE	Harvey Lee Harlov	√ Sr.			Lotti	e Mae	Atki	ns				
2	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural							
Ĕ	Elizabeth A. Har	rlow (Wife)	3424	4 Lyndal	le Ave., B	altim	ore,	Md. 2	1213			
	20a METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 A Rem	noval from State	20b. PLACE AND DA	TE OF DISPOSITIO	N (Name of	OAT	E 20c. LO	CATION — C	ity or Town	, State		
	4 🗀 Donation 5 🗀 Other (Specify)		Parkwood			12/	24 Ba.	ltimo	ce, M	d		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	()		he and address of Fachimunek F		1 Home	9				
	Cugene	J. Las	this &	3331 Brehms Lane, Baltimore, Md. 212								
	23. PART i. Enter the diseases, or shock, or heart failure	complications that ca	used the death. D	o not anter the	mode of dying, suc	ch as card	liac or resp	iratory arre	st,	Approximate		
	IMMEDIATE CAUSE (Finei	List only one cause	on each ning.							Onset and D		
	disease or condition resulting in death)	Arterios	elevolie	Carde	wascul	and	iseas	-0				
		DUE TO (OR	AS A CONSEQUENCE	EOF):								
5	Sequentially list conditions,	b	AS A CONSEQUENCE	E OF						-		
₹	If any, leading to immediate cause. Enter UNDERLYING	50E 10 (0H	AS A CONSEQUENCE	: OF).								
를	CAUSE (Disease or injury	C	AS A CONSEQUENCE									
L 17	that initiated events	DUE TO (OR		E OF):						 		
<u> </u>		DUE TO (OR		E OF):								
	that initiated events resulting in death) LAST	d,										
	that initiated events	d,			rlying cause given in	Part i.	24a. WAS AN		A	MILABLE PRIOR TO		
DICAL	that initiated events resulting in death) LAST	d,			rlying cause given in	Part i.		RMED?	0	MILABLE PRIOR TO		
: MEDICAL CERTIFICATION	that initiated events resulting in death) LAST	d,			rlying cause given in	n Part i.	PERFO	RMED?	O O	MILABLE PRIOR TO OMPLETION OF CAU		
MEDICAL	PART II. Other significant condition	d,		ng in the under			PERFOI	RMED?	O O	MILABLE PRIOR TO OMPLETION OF CAU F DEATH?		
MEDICAL	PART ii. Other significant condition	d	nth but not resultin	ng in the under	RS. PLACE OF DEATH (C	heck only on	PERFOI	RMED?	O O	MILABLE PRIOR TO OMPLETION OF CAU F DEATH?		
MEDICAL	PART II. Other significant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	d	ath but not resulting	OTHER:	28. PLACE OF DEATH (C	heck only on	PERFOI	MED?	CO OI	MILABLE PRIOR TO OMPLETION OF CAU F DEATH?		
PHTSICIAN: MEDICAL	PART ii. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	ath but not resulting	OTHER: 4 OTHER: 280 INJURY 280	26. PLACE OF DEATH (C)	heck only on	PERFOI 1 YES 2 e) r (Specify)	MED?	CO OI	MILABLE PRIOR TO OMPLETION OF CAU F DEATH?		
DI PHISICIAN. MEDICAL	PART ii. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpution 2 Ess. DATE OF INJ. 28s. PLACE OF IN.	WOutpetient 3 DOA URY 28b. 1	OTHER: A 4 Nursing TIME OF 18JURY M 1	28. PLACE OF DEATH (C. Home sX Residence c. INJURY AT WORK? YES 2 NO	heck only on 6 ① Other 28d. OES	PERFOI 1 YES 2 e) r (Specify) CRIBE HOW I	NJURY OCC	M CC OF	MILABLE PRIOR TO OMPLETION OF CAU F DEATH? YES 2 NO		
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BY PHYSICIAN: MEDICAL	PART ii. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inputer 2 Es. DATE OF INJ (Month, Day, Y	UOUTPetient 3 DOA URY 28b. 1 URY At home, farr (Specify)	OTHER: A 4 Nursing TIME OF INJURY M 1 m, street, factory,	28. PLACE OF DEATH (C. Home SX: Residence c. INJURY AT WORK? YES 2 NO office	6 (Other	PERFOI 1 YES 2 1 YES 2 1 (Specify) CRIBE HOW I ATION (Street or Town, State)	NJURY OCCU	MICO OI 1	MILABLE PRIOR TO OMPLETION OF CAU F DEATH? YES 2 NO		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AN OF DEATH	D MENT	AL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last PATRICIA)	Virginia	a Virgir	ia Hin	k1e		TE OF DEATH DA	9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday	IF UNDER 1 YE	-	s. 7. DA	TE OF BIRTH onth, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	197-12-7328		67 YRS.	MONTHS DA	YS HOURS MIN	03	-/7-0		Pennsylvania
~	Se. FACILITY NAME (Il not institution, give	street and number)	a.to !		WN OR LOCATION OF	DEATH		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	707A / NO-1	20000	LA	11540N			Na	on forces
E C	10a. STATE 10b. COUN			TY, TOWN OR L	DCATION				10d. INSIDE CITY
1 H	ma 1	JARTERO	B	MAIN	_				LIMITS?
AL.	100, STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL		SUCH OR	7/2		210	14		-	0.5.
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 - NO	If ye	DECENDENT OF HIS s, specify Cuban, Me YES 2 10/NO Sp	xican, Puer	GIN? (Specify Yes to Rican, etc.)	or No- 14.	. RACE — American Indian, Black, White, etc. Specify:
ED 8	3 Widowed 4 Divorced 15. DECEDENT'S ED	DUCATION	16a. DECEDENT	S USUAL OCCU	PATION	L	6b. KIND OF BUS	INESS/INDUS	white
1	(Specify only highest gradely (Specify only highest gradely (0-12)	completed) College (1-4 or 5+)	(Give kind a life. Do NOT	l work done durin use retired.)	g most of working				
once.	N/A	N/A	House	wife			0	wn Hon	ne
COM	17. FATHER'S NAME (First, Middle, Last)						t, Middle, Maiden 3	Sumame)	
ed at	Fred 19a, INFORMANT'S NAME (Type/Print)		Comeau		Li11				Fink
TO BI	Dale V. Hinkle		1.		eet and Number or A. h Garth				ide)
9	20a. METHOD OF DISPOSITION 1 □ Burlal 2 Å Cremation 3 □ Re	201	b. PLACE AND DATE						or Town, State
examiner must be	1 Burial 2 1 Cremation 3 Re 4 Donation 5 Other (Specify)		netery, crematory or	other place)	Inc.	1			e, Maryland
iner	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	<u> </u>	22. NAN	E AND ADDRESS OF	FACILITY			2011
	119	bell.			munek Fu Belair				21236
medical	23. PART Entar the diseases, Di shock, or heart failure	r complications that cause b. List only one cause on a	d the death. Do	not enter the	moda of dying,	such as c	ardiac or respir	atory arrest	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	. /		70	0.		< -		Onset and Death
event, the	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE	OED:	ely car		a		glass
	_	. 7.	14-1)		/				(seas
r other traumatic	Sequentially list conditions, if any, leading to immediate	OUE TO OR AS	A CONSEDUENCE	9F):					1000
E S	CAUSE (Disease or injury	· HW	un 7	ens	7				gers
other TTIFIC	that initiated events resulting in daath) LAST	DUE TO (DR AS	A CONSEQUENCE	OF):					
9 111		d							
y injury.	PART ii. Other significant condition	ons contributing to death i	out not resulting	in the under	lying ceuse given	in Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8 5	·						1 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
shows a							1 '	1	1 TYES 2 NO
23 AN:	25. WAS CASE REFERRED TO MEDICAL				e DI ACE OF OCATU	(Charles and			
ed, or item 23 PHYSICIAN	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	6. PLACE OF OEATH				
HYS	27. MANNER OF DEATH	28s. DATE OF BUILDRY	28b. TI	ME OF 28c	Home 5 Residen	7	DESCRIBE HOW IN	JURY OCCUR	NEO
marked, BY PH	1 Netural 5 Pending 2 Accident Investigation	(Monty Oya / May)	7	M 1	WORK?				
× 0	3 Suicide 6 Could not b	28a PLACE DE INJURY	Y — At home, farm	, street, factory,	offica	261. L	OCATION (Street a	nd Number or	Rural Route Number,
m 28 ETE	4 Homicide datermined						.,		
음시	0001	SICIAN: To the best of my know NER: On the basis of examination							mustal and mustal
IAN S	-		AT BIRDOT TITOSTIGAT				ana and piace, and		
IMPORTANT: II	296. SIGNATURE AND TITLE OF CERTIFIC	2 Van			29c. LICENSE	NUMBER		≥ /2	IGNEO/(Month, Day, Year)
- =	30. HAME AND ADDRESS OF PERSON W							•	
	Dr. Dean L. Vai	ur, Fallston	General	Hospit	al, Falls	ston.	MD 210	47	
	31. DATE FILED (Month, Day, Jear)	32. REGISTRAR'S SIGN	NATURE 77						



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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) RAY F	ICHARD HU	MPHRE	YS, SR.		2. DATE OF DI	EATH DAY	YEAR 3.	TIME OF DEATH	
	HOM LIMICE CT	101	+1	10		Decemb	er 19,	1992	12:25	PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTHPL	ACE (State or Fore	ign
	235-60-4469 178-112	□ F 54	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,	0-38	Country) Penn	sylvani	
1	9a. FACILITY NAME (If not institution, give street and number	per)		9b. CITY, TOWN	OR LOCATION OF D			INTY OF DEAT		
DIRECTOR	418 Harbor Dr.			0ce	an City		W	orcest	er	
[등	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1							
E			10c. CIT	Y, TOWN OR LOCA				10	d. INSIDE CITY LIMITS?	
	Maryland Worcest	er		Ocean	4				XYES 2 N	0
FUNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	TIZEN OF WHA	T COUNTRY?	
l iii	418 Harbor Dr.				2184	2		USA		
5	11. MARITAL STATUS 1 Nover Married 2 Married FDRCES	CEDENT EVER IN U.S.	NO		CENDENT OF HISPA			14. RACE Black, W	American Indian	
B	3 Widowed 4 Divorced	GIVE WAR OR DATES KOLEA			2 NO Specif		,	Specify:		
	15. DECEDENT'S EDUCATION		2505000000						White	
	(Specify only highest grade completed)		(Give kind of v	USUAL OCCUPATE vork done during mo to retired.)	ON ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
ايرا	Elementary/Secondary (0-12) College (1-	4 or 5 +}								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Crane	Operato	7		thlehem	Steel		
	Control of the Contro				18. MOTHER'S NA					
띪	Herbert Humphreys 19a. INFORMANT'S NAME (Type/Print)		401- 1441/1510	100000000000000000000000000000000000000		Marie				
2	Mary C. Humphreys	- 1			and Number or Rural					
	20a. METHOD OF DISPOSITION	Program.			r., Ocea					
	1 Donation 5 Other (Specify)	cemetery	cremetory or of	F DISPOSITION (Nather place)			20c. LOCATION —			
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gar	dens c	f Faith	ND ADDRESS OF FA	12/22	Baltı	more,	MD	
П	- // O. /	1 1			RT C. ALT		FUNERAL	HOME	INC.	
\Box	W George (1	llenter		6009	Harford	Rd., I	Baltimor	e, MI	21214	4
	23. PART I/Enter the diseases, of complication shock, or heart failure. List only or	na that caused the	death. Do r	ot enter the mo	ode of dying, suc	h as cardiec d	r respiratory as	reat,	Approximate	
1 1	IMMEDIATE CAUSE (Final				C.		0		Onset and I	
	disease or condition resulting in death)	E30	VILTA	GEAL		TWCE	-VL			
		UE TO (OR AS A CON							-	-
z	C b									
CERTIFICATION	n any, leading to immediate	UE TO (OR AS A CON	SEOUENCE OF	ን:						
2	CAUSE (Disease or Injury									
발	that initiated events resulting in death) LAST	UE TO (OR AS A CON	SEOUENCE OF	ን፡						
1 11	d									
	PART II. Other algnificant conditions contribut	ing to death but no	ot resulting i	n the underlyin	g cause given in	Part I. 24a.	WAS AN AUTOPSY	24b. WE	RE AUTOPSY FINE	HNGS
EDICAL							PERFORMED?		MPLETION OF CAL	
						— '"	YES 2	OF	DEATH?	
Σ						- 1		1 1	YES 2 ND	1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 Pi	LACE OF DEATH (CA	mak anti anal				_
<u> ii</u>	EXAMINER? HOSPITA			OTHER:	1					\dashv
Ž		NTE OF INJURY	28b. TIM		JURY AT		**			
		onth, Day, Year)		URY WO	ORK? YES 2 NO	280. DESCHIBI	HOW INJURY OC	COMED		- 1
8	Accident Investigation	ACE OF INJURY — At	home form a			201 1 2021	/Da	2		
8	3 Suicide 8 Could not be 4 Homicide determined	illding, etc. (Specify)	nome, tarm, a	Areet, factory, offic		City or Tow	(Street and Numbern, State)	r or Hural Hout	e Number,	
l iii l	29a. CERTIFIER									
COMPL	(Check only CERTIFYING PHYSICIAN: To the									
8	MEDICAL EXAMINER: On the bas	ile of exemination and/	or investigatio	n, in my opinion, o	seath occured at the	time, data and p	lace, and due to t	he cause(a) an	d manner aa stat	ed.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		4	(, ,	29c. LICENSE NU	MBER			onth, Day, Year)	
8	Jane 1	Il la	1	MA	DS	1993	• 1	2-19	-92	
\(\times \)		D CAUSE OF DEATH (TEM 27) /7/ne	Print)						$\overline{}$
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE									
۲										
צ		STRAR'S SIGNATURI								

TO THE LIGHT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be sed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INFORTANT: Illiam 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

2017- 00

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYG

1 - STATE REGISTRAR	SIATE OF I	C	ERTIFI					MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last		DOT THE	10	2				2. DATE OF	DEATH	NV.	YEAR	3. TIME OF DEATH
1111111	OHN E. HA	RILEY, C	JR.	A				Decem			92	9 Am "
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 1	YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, L	BIRTH Day, Year)		Countr	IPLACE (State or Foreign
199-26-4342	TXXM 2 □ F	58	YRS.			HOUNS	monto.	Feb.	16,1	.934	Pe	ñnsylvania
9a. FACILITY NAME (If not institution, give	,			9b. CITY, T				EATH		9c. COL	NTY OF D	EATH
Howard County	General H	ospital		C	olu	mbia				H	lowar	đ
10a. STATE 10b. COUN	TY		10c, CITY	, TOWN OR	LOCATI	ON			-			10d. INSIDE CITY
Maryland How	ard			llico								LIMITS? Y
100. STREET AND NUMBER 8940 B. Town &	Country :	Blvd.			101.	210	7.1				U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WA	S DECE	NDENT C	F HISPAN	VIC ORIGIN?	Specify Yes	or No-	14. RACE	E — American Indian,
1 Never Married 2 🔀 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 X	NO				n, Mexica Specifi	in, Puarto Ric y:	an, etc.)			white, etc.
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a, DE	ECEDENT'S I	USUAL OCC	UPATION	N t of workin	10		IND OF BUS			
Elementary/Secondary (0-12)	College (1-4 or 5 +	Ille	tal Re	retired.)								tal &
17. FATHER'S NAME (First, Middle, Last)						16 MOTI	IEO'S NA	ME (First, Mid	asino			
	rtley, Sr	•					arga		Shar			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street an	d Number	or Rural i	Route Number,	City or Tow	n, State, Zi	Code)	
Mrs Betty M. Har	tley			a As		00.				2.00		
t Burial 2 Cremation 3 Rei	moval from Stata	20b. PLACE cometery, cre H i 1 1 t	ematory or oth	her place)			12-	DATE -20-92			City or To	wn, Stata yland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1111111	Jop D.				SS OF FA		1 20.		11012	7 2 42 4
► Wallace	S. Bra	As, 21						unera				n4
23. PART I. Enter the diseases, or shock, or heart fellure	complications that	caused the de	eath. Do n	ot enter th	a mod	e of dyl	ng, suc	h as cerdia	c or respi	ratory ar	rest,	Approximats
IMMEDIATE CAUSE (Finel	. List only one cau	se Oil dacil lille	я.									Onset and Death
disease or condition resulting in death)	. 50	ON AS A CONSE										14 dave
	DUE TO				-							
Sequentially list conditions,	r >w	all Ce	w.l.	-419	(and	19					2 months
If any, leeding to immediate cause. Enter UNDERLYING	00E 10	(OR AS A CONSE	OUENCE OF): 0								
CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE OF):								
resulting in death) LAST	4											
BAST II ON THE INTERNATIONAL PROPERTY.	U											
PART II. Other significant condition	na contributing to	deeth but not i	reaulting is	n the unde	riying	cause (olven in	Part I. 2	la. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
					_			_		, -		1 TYES 2 NO
25 WAS CASE DESERBED TO MEDICAL	T											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Cotto a traction to		OTHER:				eck only one)				
1 TYES 2 NO 27, MANNER OF GEATH	1 Inpatient 2 26s. OATE OF		28b. TIME		g Home Bc, INJU		aldence	6 Other (S	-			
1 Netural 5 Pending	(Month, D		INJU	JRY	WOR		NO	28d. OESCF	HRE HOW II	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At ho	ome, farm, st					201. LOCATI	ON (Street a	and Numbe	r or Rural R	loute Number,
4 Homicide datarmined								Only or	iown, state)			
	SICIAN: To the best of											
one) 2 MEDICAL EXAMIN	IER: On the basis of a	camination and/or	Investigation	n, I <i>n</i> my opin	nion, da	eth occur	ed et the	time, data an	d placa, an	d dua to ti	ne cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICE	NSE NU	MBER		. 1		(Month, Day, Year)
30 NAME AND ADDRESS OF STREET	- MO	- OF F				d:	346	113		P 1	2/19	192
30. NAME AND ADDRESS OF PERSON W	44	9501	M 27) (Type,	Print) An	20.1	i e	Ad	ઘાા	-1-	Cit	imo	21042
31. DATE FILED (Month, Day, Year)	110	A'S TRANSPOR		1 111	INPO	(1)	110	0111	C017	-114	AraD.	مارام
DEC 2 2 1992	The Davidson	- North										

TO THE PARTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PARTY OF ATTENDING AMEN this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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·		1 - STATE REGISTRAR		STATE OF M	ARYLAND C	/ DEPAR ERTIF	ICATE	OF H	DEAT	AND MI	ENTAL HYGIE REG. N			
		1. DECEDENT'S NAME (First, MI	Iddle, Lest)	Haul	V:ne						DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
		4. SOCIAL SECURITY NUMBER	5	Hawk	8. AGE (In yrs. Ia	est hirthrian)	IF UNDER	VEAD	IF UNDER	24 MDS	, DATE OF BIRTH	4	92	1PLACE (State or Foreign
		213-07-5	1949 1	2 □ F	24	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	-00	Counti	7/)
pinoc		9a. FACILITY NAME (If not institu	ution, give street	t and number)			9b. CITY,	TOWN O	R LOCATH	ON OF DEAT		7	WES	
2, 3 should	5	Fallston F	ence	nd H	soito	1	E	11<	ton	. n	10		140	v ford.
1, 2	5	RESIDENCE OF DECE	DENT Ob. COUNTY	-	04110	1		-110					114	
Page	DIRECTOR	PENNA.	York	,			Y, TOWN O	H LOCATI	ION					10d. INSIDE CITY LIMITS?
permit. Pages 1,		10e. STREET AND NUMBER	TOKE			I DE	LTA	10f.	ZIP CODI			10g, CI	TIZEN OF V	1 TYES 2 NO
St.	ER/	32 E. Susqu	JEHANN	IA ROAD	R.	R. 2				1731	4	UNI	TED	STATES
physician. burial-transit	FUNERAL	11. MARITAL STATUS	12	PORCES? 1	EVER IN U.S. A	RMEO	13. V	AS DECI	ENDENT O	F NISPANIC	ORIGIN? (Specify Puerto Rican, etc.)	Yes or No-	14. RACI	E — American Indian, k, White, atc.
	ВУ	1 Never Married 2 Ma 3 Widowed 4 Divorce		IF YES, GIVE WA	A OR DATES	NO			2XXNO		Puerto Hican, etc.)			ITE
the hospital or attending detached for use as the once.	ED 6		ENT'S EDUCAT	TON	16a. D	ECEDENT'S	USHAL OF	CHPATIO	M.		16b. KIND OF	HIGHLEGG/IN	•	1116
or at	ET		ighest grade cor		(0	Give kind of a. Do NOT u	work done d se retired.)	uring mos	st of working	Ø				
the hospital detached fo once.	COMPLET	12				FORE	MAN				BETHL	EHEM	STE	EL CORP.
detach	8	17. FATHER'S NAME (First, Middle	250115		-						(First, Middle, Maid	en Sumame)		
ed by the be	BE		IN HAV	KINS						CTOR				
5 should notified	2	19a. INFORMANT'S NAME (Type		E. RAYN			ONGE		_	or Rural Roo	BALT			21220
2 8 0		20a. METHOD OF DISPOSITION	1		20b. PLACE					IVL		LOCATION -		
death. Page 6 may funeral director, pa examiner must b		Muriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sc	3 Remova	from State	BRYA	NSVI	ther place)	CEM	ETE	RY	1	ELTA		
death. Pag tuneral di i. examiner		21. SIGNATURE-ON FUHERAL S	ERVICE LICEN	SEE /	01.	. /	22. 1	IAME AN	D ADDRE	SS OF FACIL	ITY			
		Seffe	uy 1	To	veli	lse	HA	RKI	NS	FUNE	RAL HON	ie, I	NC.	DELTA, PA
e be executed within 24 hours after sician and completely filled in by the vior to burial, cremation, or removal traumatic event, the medical traumatic event, the medical	NOI	23. PAPI I. Enter the dise abook, or hear iMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedia	a.C	lout	Caused the die on each lin	- k	2 /	e c	urr, hy	pour	, Righ	opiratory a	rebe	Approximate interval Between Onset and Death
th certificat tending phy if Hygiene p or other	. CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent	{:		OT AS A CONSE			100	,28	7 9	2	AN AUTOPSY		
requires that the signed by of Health and shows any is	AN: MEDICAL	ASCVI	D, (COPI		Ma	M.	Ca	rde	nek	PERI	ORMED?	240	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
V: The icate h State [SICIAN:	25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 NO	45	OSPITAL:	ED/O-1-	a () e è :	OTHER	1:		EATN (Check		_		
SICIAN certifi the	PHYS	27. MANNER OF OEATH	;	28a. DATE OF I	ER/Outpatient NJURY	28b. TIR		Ing Nome			Other (Specify)	W INJURY O	CCURED	
		Netural 5 Per	nding estigation	(Month, De		IN	JURY	1 Y	RK?				3001125	
TTENDI TOR: A after d	ETED BY	3 Suicide 6 Co	uld not be termined	28e. PLACE OF building, e	INJURY — At h	ome, farm,	street, facto	ory, office		2	6f. LOCATION (Stree City or Town, Sta		er or Rural i	Route Number,
SEN OR A	COMPLE	one)									the cause(a) and one, date and place,			s) and manner as stated.
高級	ш	29b. SIGNATURE AND TITLE OF	CENTIFIER	,	~				29c. LICI	NSE NUMB	ER	29d. DA	TE SIGNE	(Mogth, Day, Year)
2 2 2 X	10 B	allery	1. C. J.	em, all	N.				MD	00	8779	1	12/	16/92
10		albert S. C.	SUN,	M.D.	180	00 A	ARP	ORI	0 1	FAU	LSTON	MD	2	1047
		DEC 2 2 19	92 2	32 REGISTRAF	SIGNATURE	الملاء								

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S, P.O. BOX 68760	Acceptance of the control of the con

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)
DEC 22 1992

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the busidation physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I lem 28 is marked, or Ifem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR			TMENT ICATE					YGIENE EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DAY	Y	EAR 3.	TIME OF DEATH
	RUTH		WARD						12-8-				10:10A M
	. South Section 11 (10 mag)		GE (in yrs. lest		IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day)	IRTH ; Year)	8.	BIRTHPLA Country)	CE (State or Foreign
	216 16 9554	1 □ M 2 🔀 F	68	YRS.			- 9		12-23-			New	
m	9a. FACILITY NAME (If not institution, give s	•					R LOCATI	ON OF DE	ATH		9c. COUNTY	OF DEAT	н
P	2000 O'Dell Aver	nue #603			Ва	lti	more				n	ıa	
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION			_		100	I, INSIDE CITY
占	Maryland	na			Bal	timo	ore					11	LIMITS?
A P	10e, STREET AND NUMBER					101.	ZIP CODE	E		T	10g. CITIZEI		COUNTRY?
FUNERAL	2000 O"Dell Aven	ue #603						2123	37			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE							IIC ORIGIN? (Sp		r No 14	RACE -	American Indian,
BY F	1 Never Married 2 Married	FORCES? 1 Y	RDATES				2 NO		n, Puerto Rican,	, etc.)		Black, W Specify:	
	3 Widowed 4 Divorced		1	10									White
TE	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G/	ve kind of v	USUAL OC	CUPATIO	ON st of working	ng	16b. KIND	OF BUSIN	IESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	Do NOT us	e retired.)				Sea	mstre	ess		
COMPLET	17. FATHER'S NAME (First, Middle, Last)							_					
									ME (First, Middle		,		
8	David Williams 190. INFORMANT'S NAME (Type/Print)	III	100	MAN INC	ADDRESS	10			therin				
일	CONT. CHARLES OF THE HILLY WASHINGTON		- 1						Route Number, Ci	-		•	
	James Durham		20b. PLACE A					eet,	Baltin		MD 2		
	1 Burial 2 Cremation 3 Rem		cemetery, cres			I IOM (Na	THE OI		DATE	20E, LOCA	IIION — CR	y or lown,	Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEED Danald W	ade	Dir	22. N	IAME AN	D ADDRE	SS OF FA	CILITY C		7 m m h m		
ш	Xxtodan 1 16	of held	12/		65	E M	Do.	1++	ore St,		Anato		
\vdash	AVIOUNI///	con											
	23/PART I. Enter the diseases, or of shock, or heert failure.	complications that ceu List only one cause o	sed the dea n each line.	nth. Do n	ot enter t	the mo	de of dy	ing, suci	h aa cardlec	or reapire	tory arres	t,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	RAG		MAO	to	To	- 1.						Onset and Death
	resulting in death)	Bra DUE TO (OR A NOM	5 4 00mm	100									7/41
_	_	Non S	MAC	20	Col	0 1	Lee	uc	1 0	œu	cas		7/91
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-				1/ (1
M	cause. Enter UNDERLYING								7				
<u>E</u>	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEC	UENCE OF	7:								
토	resulting in death) LAST	s,											
2	PART II. Other significant condition	s contributing to deet	h hut not n	andlina i	n the une	da els da e		alucia In	Don't at				
S S	The state of the s	o continuenting to dear	n but not re	suiting i	n the unc	Jerrynng	l cense i	given in	Part I. 248.	PERFORM		AM	RE AUTOPSY FINDINGS IILABLE PRIOR TO
									— ¹□	YES 2	NO		MPLETION OF CAUSE DEATH?
0								_	- 1			1 (YES 2 NO
: MEDI													
	25. WAS CASE REFERRED TO MEDICAL					20 DI	ACE OF D	EATH (Ch.	arti anti anni				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	:			eck only one)				
		HOSPITAL: 1 Inpetient 2 ER/C			4 🗆 Nursi	: ing Hom	e 5 □ Re		8 Other (Spe	**	USV OCCUE	DED.	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/C	TY	28b. TIM	4 🗆 Nursi	: ing Home 28c. INJI WO	e 5 □ Re	eldence		**	URY OCCUP	RED	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/C 28s. DATE OF INJU (Month, Day, Yes 28s. PLACE OF INJU	IRY — At hor	28b. TIM	4 Nursi	: ing Home 28c. INJI WO 1 Y	o 5 Re	eldence	8 Other (Spe 28d. DESCRIB 281. LOCATION	E HOW INJ			. Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 ERAC 28a. DATE OF tNJUI (Month, Day, Yea	IRY — At hor	28b. TIM	4 Nursi	: ing Home 28c. INJI WO 1 Y	o 5 Re	eldence	8 Other (Spe 28d, DESCRIB	E HOW INJ			Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 Inpetient 2 ER/C 28s. DATE OF thJUI (Month, Day, Ye) 28s. PLACE OF INJI building, etc. (3)	PRY — At hor	28b. TIMI INJ ne, term, s	4 Nursi	: ing Home 28c. INJI WO 1 Y	o 5 ☐ Re URY AT RK? (ES 2 ☐	NO	8 Other (Spe 28d. DESCRIB 281, LOCATION City or Ton	E HOW INJ	1 Number of	Rural Route	Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	1 Inpetient 2 ERVC 28s. DATE OF tNJU (Month, Day, Yes 28s. PLACE OF INJI building, stc. (3)	JRY — At hor Specify)	28b, TIM INJ ne, term, s	4 Nursi	: ing Hom. 28c. INJI WO 1 Y ry, office	e 5 Re URY AT RK? (ES 2 and place)	NO NO	8 Other (Spe 28d. DESCRIB 28f. LOCATION City or Tou	E HOW INJ	d Number or	Rural Route	
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	1 Inpetient 2 ERVC 28s. DATE OF INJUI (Month, Day, Yes 28s. PLACE OF INJUI building, atc. (: CIAN: To the best of my ki R: On the basis of examin.	JRY — At hor Specify)	28b, TIM INJ ne, term, s	4 Nursi	: ing Hom. 28c. INJI WO 1 Y ry, office	e 5 Re URY AT RK7 (ES 2 and place)	NO NO and due	8 Other (Spe 28d, DESCRIB 28d, DESCRIB 28f, LOCATION City or You to the cause(s)	E HOW INJ	I Number or as stated.	Rural Route	d manner ee stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined determined determined cone) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 ERVC 28s. DATE OF INJUI (Month, Day, Yes 28s. PLACE OF INJUI building, atc. (: CIAN: To the best of my ki R: On the basis of examin.	JRY — At hor Specify)	28b, TIM INJ ne, term, s	4 Nursi	: ing Hom. 28c. INJI WO 1 Y ry, office	e 5 Re URY AT RK? ES 2 and place	NO NO and due	8 Other (Spe 28d, DESCRIB 28f, LOCATION City or Tow to the cause(a) time, date and p	E HOW INJ	I Number or as stated.	Rural Route	
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined determined determined cone) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 ERVC 28s. DATE OF tNJU (Morith, Day, Yes 28e, PLACE OF INJI building, stc. (3) CIAN: To the best of my ke R: On the basis of examin.	TY ir) JRY — At hor Specify) nowledge, dea	28b. TIMI INJ ne, term, a	4 Nursi	: ing Hom. 28c. INJI WO 1 Y ry, office	e 5 Re URY AT RK? ES 2 and place	NO NO and due	8 Other (Spe 28d, DESCRIB 28f, LOCATION City or Tow to the cause(a) time, date and p	E HOW INJ	I Number or as stated.	Rural Route	d manner ee stated.

DEC 2 2 1992

FOR	CTATE OF MADV	LAND / DEDAM	THENT OF I	CALTIL AND	MENTAL INVOICE	N.E.				
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middl HELLEN	STATE OF MARY a. Last) JONES		CATE OF		REG. N	O	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	1 □ M 2 🗗 F	Sanitive actions	MONTHS DAYS	HOURS MIN.	7 28	14- V	Jesh. D.C			
98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HUSPITAL BALTIMORE CITY BALTIMORE										
THE JOHNS H RESIDENCE OF DECEDE 10e. STATE 100.	COUNTY	and the same of th	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 11. MARITAL STATUS 1. Marital Status	, 23 00 51	les.		ZIP CODE 2/2/2	ř	10g. CITIZEN	S H			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, spe		SPANIC ORIGIN? (Specify Yes or No- klean, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Specify:					
	College (1-4 or 5+)	18a. DECEDENT'S (Give kind of w We. Do NOT use	ork done during mo retired.)	ON st of working	16b. KIND OF B	USINESS/INDUS	TRY			
W ML+ rex	17. FATHER'S NAME (First, Middle, Last) ALFRED DRISCY DRIES									
2 DOLLENF	19a. INFORMANT'S NAME (Type/Print) DOLLENA IBRANCH 118 E. 230d ST BALTE: Minder City or Town, State, Zip Code)									
20e METHOD OF DISPOSITION Burlel 2 Cremetion 3 4 Donation 5 Other (Speci	☐ Removal from State Co	Ob. PLACE AND DATE O			DATE 20c. L	OCATION - City	or Town, Stata			
21. SIGNATURE OF FUNERAL SER	Ho Landes	, Ja		D ADDRESS OF FA	CILITY Home!	1304	7 Centre G			
23 PART I. Enter the disease ahock, or heart findmeDIATE CAUSE (Final disease or condition resulting in death)	es, or complications that cause allure. List only one cause on	aach lina.		de Df dylng, sud	th as cardiac or res	piratory arreat	Approximate Interval Between Onset and Deat			
Z Carrentlette Hat any distance	DUE TO (OR AS A CONSEQUENCE OF): SENER YESTN CTUE LUNG DISEASE SOLVER									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Severe vestocture lung disease DUE TO (OR AS A CONSEQUENCE OF): CHYPHICAL SIGNATURE (DISEASE) DUE TO (OR AS A CONSEQUENCE OF): KY PHOSCIOLOSIS										
<u> </u>							10900			
PART II. Other algnificent co CCUVUN OSYCO SAFE 25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 1 CRUWENT URINAM Front Infections 1 YES 2 MID 24a. WAS AN AUTOPSY PINDIN AMILIABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 DING									
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (CA	B C Other (Specify)					
	28a. DATE OF INJURY (Month, Day, Year)	/ 28b, TIME	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUR	ED			
m a la Accession	2 Accident Investigation 3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)									
	3 PHYSICIAN: To the best of my kno XAMINER: On the best of examinet						ause(a) and manner as stated,			
296. SIGNATURE AND TITLE OF CO		me		29c. LICENSE NUI			GNED (Morth, Day, Year)			
2 30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF D			ohns	Hopkir	LS	1.01.0			

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2 48 Same Property

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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Dept. o	23 \$	ĺ
State	item	١
Jeath with the	is marked, or item 23 shows any	
after	28 is	l
2 hours	item 28	
1 within 72	RTANT: II	
P Hed	MPO	

	FOR	OTATE OF MAD	// AND / DEDARTE			#FN##A 140.00	0.1-1.1-	92	3570
	1 - STATE REGISTRAR	STATE UF MARY	'LAND / DEPARTI CERTIFIC	MENT OF HE			GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) BEENDA	Brenda Gay	e Jones			2. DATE OF DEA	ATN DAY	YEAR 3. TI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER		MC		IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,) 7/23/	TN (Par) (49	BURTHPLACE Country) Missis	E (State or Foreign
OR		ecial	taspital"	BA	LOCATION OF DE	ATN		TY OF DEATN	
DIRECTOR	10a, STATE 10b, COUNTY	rown or Locatio	N			10d.	INSIDE CITY LIMITS? YES 2 NO		
FUNERAL [100. STREET AND NUMBER 522 Rappolla Stre	et			21224		10g. CITIZ USA	EN OF WHAT	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 VNO		IDENT OF HISPAN by Cuben, Mexicen NO Specify	n, Puerto Ricen, e		14. RACE — Ai Black, Whi Specify:	mericen Indien, te, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	180. DECEDENT'S US (Give kind of word life. Do NOT use n	k done during most etired.)	of working	16b. KIND	OF BUSINESS/INDI	JSTRY	
OM	17. FATNER'S NAME (First, Middle, Last)	-	beddene		18. MOTHER'S NA				
BE (James C. Land				Mary	Rogers			
5	199. INFORMANT'S NAME (Type/Print) Amy Jones			appola S			or Town, State, Zip	21224	
	20e. METNOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Rem 4 □ Donation 25 □ Other (Specify)	oval from State	other place) Metro Cre	ION (Name of ceme		1	Catonsvi		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	THE CLE OF C		ADDRESS OF FAC		Ju como v z	110, 11	
	Du & Chu	Hon		Charl	ton Fune	eral Hon	ne, 2007	Easter	
	23. PART I. Entar the diseases, or cahock, or heart failure.	complications that cause or	sed the death. Do not	enter tha mode	of dying, auci	h aa cardlac o			Approximate Interval Batween
	IMMEDIATE CAUSE (Finel	0		moni	A				Onset and Death
TION	disease or condition resulting in death) a. BROWCHO PN EMMONIA DUE TO (OR AS A CONSEQUENCE OF): BROWCHO PN EMMONIA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR A:	S A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	a contributing to death	but not resulting in	the underlying	ceuse given in	F	PERFORMED? YES 2 NO	COM DF E	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 \(\subseteq \text{NO} \)
AN: N	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATN (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:	outpetient 3 DOA 4	OTHER:			olfy)		
BY PH	27. MANNER OF DEATN 1 Natural 5 Pending 2 Recident Investigation	(Month, Day, Year) INJURY WORK? 5 Pending M 1 VFS 2 NO					HOW INJURY OCC	:URED	
						or Rural Route	Number,		
COMPLETED	one)	ICIAN: To the best of my kn							menner ee stated.
BE	295 SIGNATURE AND TITLE OF CERTIFIE	ms	0."		29c. LICENSE NUI	4BER 622		E SIGNED (Mon	
5	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type P	vint)					

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LEN UST WELL CANIN DEATON

ERN EST U 31. DATE FILED (MONTH), Day, Year) DEC 22 1992

22. REGISTRAR'S SIGNATURE

BRITIMORE

AOSP.

Parent - Safetiers

6 6 75 mm

BALTIMORE, MARYLAND 2	ertificate be executed within 24 hours after death. Page 6 may be retained by the hospital
RE,	тау ре
MO	Page 6
ALT	death.
m	after
	24 hours
60,	within
O. BOX 68760	executed
ô	2
0.8	ertificate

DIVISION OF VITAL RECORDS, P.

1215-0020

use as the bunal-transit permit. Pages 1, 2, 3 should or attending physician. ò has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. notified at once must be examiner or other traumatic event, the medical DR ATTENDING PHYSICIAN: The law requires that the death shows any Injury, Item 23 r this certificate h h with the State [6 is marked, be fled within 72 hours after death v IMPORTANT: If Item 28 is mart

								92	3	5708
	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR Certifi	TMENT OF			ENTAL HYGIEN REG. NO.			3700
	1. DECEDENT'S NAME (First, Middle, Lest) Louise	Johnson					2. DATE OF DEATH DA	20.	YEAR 1992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 123-10-3926	5. SEX 1 M 2 F	8. AGE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS		24 HRS. MIH.	7. DATE OF BIFITH (Month, Day, Year)	19	*****	HPLACE (State or Foreign
9a. FACILITY NAME (W not institution, give street and number) Maryland General Hospital				96. CITY, TOWN OR LOCATION OF DEATH Baltimore 8c. COUNTY OF				INTY OF D	EATH	
!	10a. STATE 10b. COUNT	Υ	100	R TOWN OR LOC		ty				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Access on	1100 Bolton	Apt. 1114		212	02		10g. CIT	LS	WHAT COUNTRY?	
11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes,	ECENDENT Copecify Cube	ın, Mexican,	ORIGIN7 (Specify Yes Puerto Rican, etc.)	or No		E — American Indian, k, White, etc. ily: A-C.K
(Specify only highest grade completed) (Give land life. Do NOT			16a. DECEDENT'S (Give kind of w life. Do NOT use							

COMPLETED BY FUNERAL DIRECTOR 17. FATHER'S NAME (First, Middle, Last) BE 196. MAILING ADDRESS (Stre 2 Bolton 100 2126 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION DATE Burial 2 - Cre plery, crematory or other place) on -5 🖸 Other (Spe 22. NAME AND ADDRESS OF FACILITY
WILLIAM C. BR William C. 206 W. North 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF): Extensive Myocardial Infarct PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Anoxic Encephalopathy CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28g. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Shiwan Ming 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C/O Maryland General Hospital 827 Linden Avenue Shwiran MirzaM.D. 32 REGISTRAR'S GIGNATURE 31. DATE FILED (Month, Day, Year)

Shriwan

2 2 1992

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	N: The law requires that the death certificate be executed within 24 hours at
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	PHYSICIAN:
	L OR ATTENDING PHYSICIAN:
	OR .

30. NAME AND ADDRESS O

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ther death. Page 6 may be retained by the hospital or attending physician.

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	FOR 1 STATE	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	IEALTH	AND	MENTA	L HYGIEN	E			
	REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)	01	1						2. DATI	OF DEATH	ev .	YEAR :	3. TIME OF DEA	TH
	4. SOCIAL SECURITY NUMBER	selh							12			992	1959	PH
		5. SEX	6. AGE (In yrs. las		MONTHS	R 1 YEAR	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)		Country)	LACE (State or I	Foreign
	213-32-9817 So. FACILITY NAME (If not institution, give s	1 XM 2 F	56	YRS.				- 0.		16/36			yland	
œ							OR LOCATH				9c. COUNT	Y OF DEA	ATH	
5	St. Agnes Hospita	al			В	alti	more	Cit	У					
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN	OR LOCAT	TION					- 1	IOd. INSIDE CIT	Υ	
		timore		На	aleti	horp	е						LIMITS?) NO
FUNERAL	10e. STREET AND NUMBER					101	, ZIP CODI	E			10g. CITIZE	N OF WH	IAT COUNTRY?	
Ä	1939 Lincoln Ave						21	1227				USA		
F	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDEN FORCES? 1	YES 2 X	RMED NO	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGI	N? (Specify Yes Rican, etc.)	or No- 1	4. RACE - Block.	- American Ind White, etc.	llen,
B⊀	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				2 X NO	Specif		The state of the s		Specify		
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL	CCUPATIO	ON		16	b. KIND OF BUS	UNESS/INDIE	STRY	WIITCE	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	live kind of Do NOT u	work done	during mo	st of working	g						
AP.	9th		· .	arpei	nter					Self				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)			
BE	Joseph Kramer	<u>. </u>					Ma	atga	ret	Covell				
2	19a, INFORMANT'S NAME (Type/Print)									nber, City or Town				
	Mary Jane Kramer							nue,	Hal	ethorp	e, Mar	rylai	nd 2122	27
- 9	20a, METHOD OF DISPOSITION 1	oval from State	20b. PLACE	matory or o	ther place	SITION (Na	ime of	·+->	DA'	2492 L	CATION — CH	ty or Town	n, State	
	21. SUGNATURE OF FUNERAL SERVICE LIC	ENBEE	Toalt	wası	22.	NAME A	ND ADDRES	SS OF FA	CILITY			. Mai	ryland	
	6/05	D-		0						ome, In				
	23_PART I. Enter the diseases, or o	complications the	d sourced the de	ath Da	1.	328	Sulph	nur :	Spr.	Rd. A	rbutus	s, Mo		
	shock, or heart fallure.	List only one cau	se on each line	oath. Do i	not ente	r the mo	de or dy	ng, suc	n ss car	diac or respi	ratory arres	it,	Approxin	Between
	IMMEDIATE CAUSE (Final disease or condition	ROODING	toru ~	041	0.3	اما	patic	. 10	alw	ce 3			Onset an	d Death
	resulting in death)	DUE TO	(OR AS A CONSE	QUENCE O	F):			U					7 10	NK
z	disease or condition resulting in death) Sequentially list conditions, Doe to (or as a consequence of): Doe to (or as a consequence of): Doe to (or as a consequence of):													
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DOE TO	(OR AS A CONSE	QUENCE O	F):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. A.	grua	Br.									1	
E	that initiated events resulting in death) LAST	DUE TO	TOR AS A CONSE	QUENCE O	F):									
CER		d											-	
	PART II. Other significant condition	a contributing to	death but not i	resulting	In the u	nderlyln	g cause g	jiven in	Part I.	24a. WAS AN			VERE AUTOPSY I	
5										PERFOR		0	MAILABLE PRIOF COMPLETION OF OF DEATH?	
ME											73		YES 2	NO
ä														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	ne)				
ΙΥS	1 TYES 2 NO	10 (Inpatient 2			4 🗌 Nu	rsing Hom	e 5 🗆 Re	sidence						
	1 Netural 5 Pending	28e. DATE OF (Month, D		26b. TIM	IE OF JURY		RK?	7 100	28d. DE	SCRIBE HOW IF	JURY OCCU	RED		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At he	one ferm	street fac		YES 2	J NO	281 101	CATION (Street s	nd Mumber or	Dural Day	oto Moralina	
	4 Homicide Could not be	building,	etc. (Specify)			io, j, oino				or Town, State)	THU THUMBURY OF	nurer not	ole Northber,	
٦	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledne de	oth occum	ed at the	Ilma data	and place	and due	to the co	usals) and wa-	ner ee etek			-
COMPLETED		R: On the basic of e											and manner ee	stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	0.0					29c. LICE	NSE NUR	MBER		29d. DATE S			
) BE	payath(2)	telly	RES	IDE	NT	_	A52			8	•	121	20/9	2
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	CE OF DEATH ATE	14 0 TO (T	0-1-4)			,				-	-	

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ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHARYA MD ST. AGNESS

122. REMISTRAR'S SIGNATURE 31. DATE FILED (Morith, Day, Year)
DEC 22 1992

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CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de-		
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_		FOR 1 - STATE REGISTRAR	STATE OF M	ARYLA				EALTH AND	MENTAL HYGIEN		
	ì	1. DECEDENT'S NAME (First, Middle, Last)	HK	Cra:	ig Ha	rold	Kin	sey	2. DATE OF DEATH 1 DO NORTH	2/21/	92 3. TIME OF DEATH YEAR 15 A M
		4. SOCIAL SECURITY NUMBER 168-42-884	yrs. last birth	MONTHS	DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mgrith, Day, Year)		6. BIRTHPLACE (State or Foreign Country) New Jersey		
CTOR		SO. FACILITY NAME (If not institution, give str. Since Hospit						PR LOCATION OF DI	EATH	9c. COUN	TY OF DEATH
DIRECT		10a. STATE 10b. COUNTY Maryland			10c	19c. CITY, TOWN OR LOCATION Baltimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	- 1	3800 Monterey	Road				101	. ZIP CODE	8-2143	10g. CITIZ	ZEN OF WHAT COUNTRY? USA
ĕ		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2)(NO	13	It yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yein, Puerto Rican, etc.) y:	or No—	14. RACE — American Indian, Black, White, etc. Specify: White
ETED	1	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		16a. DECEDE (Give kin life. Do N	NT'S USUAL of of work done OT use retired.	during mo		16b. KINO OF BU	SINESS/IND	
COMPL			5+		Regi	ster	ed N	urse	Hospita	1/Nu	rsing Mgr.
5 5		17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maiden	,	
B B		Irvin Ki:	nsey		405 1841	I INC. ADDRES	20 (0)	441 - 10 - 10 - 1	Onalee Route Number, City or Tow		lips
TO BE COM		John Frum 20a. METHOD OF DISPOSITION		- Inches	380	0 Mo	nter	ey Rd.	Balto.,	MD	21218-2143
Ja mast		1 Donation 5 Other (Specify)		20b. F	tery, cremetor,	Crem:	ator	y, Inc.	12/22 Ba		ore, MD
oxaminer must		21. SIGNATURE OF EUNERAL SERVICE LIGE George E.	MacNabb	H		C:	rema 99 F	rederio	ociety of ck Road	Balt	o. MD 21228
at, the medical		23. PART I. Enter the diseases, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
on ovent,		Sequentially list conditions.	Rene	I	CONSEQUENCE	Ekien	4				
RTIFICATION		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CHY	7 -		tion	(ofto megi	Hovitus)		
5 E		resulting in death) LAST									
Ved, or item 43 shows any injury, PHYSICIAN: MEDICAL CE		PART II. Other significent conditions	contributing to	Jeeth but	t not result	ing in the u	inderlying	g cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	Ì	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only one)		
YSI		1 TYES FOLHO	HOSPITAL:	ER/Outpet	tient 3 🗆 DC	OTHE		5 - Residence	6 Other (Specify)		
BY PH	,	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	26e. DATE OF I (Month, Da		28b.	TIME OF INJURY M		JRY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	NJURY OCC	URED
TED	l	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY - tc. (Specif)	– At home, te	rm, street, ta	ctory, office		28t. LOCATION (Street City or Town, State)	and Number (or Rural Route Number,
BE COMPLETED		29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:									ed, e cause(s) and manner es stated.
TO BE		296. SIGNATURE AND TITLE OF CERTIFIER M 30. NAME AND ADDRESS OF PERSON WHO		OF DEAT	M (ITEM 27)	Thomas Resisted		29c. LICENSE NUI	MBER 5	29d. DATE	2/21/42
		Saleen Malik	443	Rober	bank	Ave	Ba	Himory	Md 212	12	
		DEC 22 1992	32 REGISTRAS	S SIGNAT	-fands	2					

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ENDING FILLSONING, THE LAW TEQUINES HIGH DESIGNESS OF EXCLUSE WITHIN 24 HOURS ALICE DESIGN TESTS OF THE	IDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR 1 - STATE	STATE OF MARY		MENT OF HEALTH AND	MENTAL I	92 HYGIENE	35711		
- 19	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) C V WAT Q V	a M - PZ	CERTIFIC	RAFT	2. DATE OF MONTH	DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212 - 42 - 3285	90 YRS.	F UNDER 1 YEAR F UNDER 24 HRS ONTHS DAYS MOUTHS MIN.	(Month, D.	BIRTH	BIRTHPLACE (State or Foreign Country) Germany			
стов	9a. FACILITY NAME (If not institution, give s SI, JOSEPH RESIDENCE OF DECEDENT	ا ا	TOWS OF			9c. COUNTY OF DEATH Baltimore			
L DIRECTOR				town or Location ltimore 101. ZPP CODE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
IERA	3800 Meghan D	rive Unit 27	A	21236	5		S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 273 NO Spe	ican, Puerto Rica	Specify Yes or No- 14 in, etc.)	Specify: White		
COMPLETED	(Specify only highest grade completed) (Giv. Elementary/Secondary (0-12) College (1-4 or 5 +)			SUAL OCCUPATION It done during most of working retired.)	16b. KII	Own Ho			
TO BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN	tel		18. MOTHER'S NAME (First, Middle, Maiden Surname) Minna UNKNOWN					
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3800 Meghan Drive, Unit 2A. Balto. Maryland 2123								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between Onset and Death Control of the condition of								
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. VY V CATA INC. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF): d.								
MEDICAL	PART II. Other algnificant condition	a contributing to deeth	but not resulting in	the undarlying cause given		A. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		□ Nursing Home 5 □ Residence DF 28c. INJURY AT WORK?		pecify) IBE HOW INJURY OCCUI	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined								
COMPLET	one	(Check only 1 U CENTIFYING PHYSICIAN: 16 the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE C	29b, SIGNATURE AND THE OF CERTIFIER	w n	T	29c LICENSE N	UMBER 649	1.	IGNED (Month, play, Year)		
	30. NAME AND XODRESS OF PERSON WH	O COMPLETEO CAUSE OF OR	3 50 x	nevak Bild	se w	lay, Coto	herille, MA		
	DEC 22 1994 0	/							

31. DATE FILED (Month, Day, Year)
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UNIVERSECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	FOR STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		1	. TIME OF DEATH
	Naomi Moyer Kol	b				DECEMBE	AY	YEAR	
		SEX 6. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH	r 13,	1 443	ACE (State or Foreign
	205-28-0874	□ M 2 D € 75	YRS.	MONTHS DAYS	HOURS MIN.	Aug. 17,	191	(Country)	SACE (State or Poraign
	9s. FACILITY NAME (If not institution, give street	snd number)		9b. CITY, TOWN	OR LOCATION OF E		_	JNTY OF DEA	тн
OR	PENINSULA REGIONAL	MEDICAL CENTER	2	SALIS	BURY		W.	ICOMIC	0
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			Y, TOWN OR LOC					Od. INSIDE CITY
DIR	Pa Tioga			Isboro					LIMITS? YES 2 NO
	10e. STREET AND NUMBER		wei		Of. ZIP CODE		10g. CI1		AT COUNTRY?
FUNERAL	Rt. 2, Box 388						US	Δ	
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. AR		13. WAS D	CENDENT OF HISPA	ANIC ORIGIN? (Specify Ye		14. BACE -	- American Indian,
BY F	1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1 YES 2 NI IF YES, GIVE WAR OR DATES	ю	If yes,	pecify Cuben, Mexic S 2 (NO Spec	en, Puerto Rican, etc.)		Specify:	WHITE
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con		CEDENT'S	USUAL OCCUPATION OF A	ION	18b, KIND OF BU	SINESS/IN	DUSTRY	
COMPLET			Do NOT us	se retired.)	iost or working				
MP	8	Mon	0			Mom			
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)		
BE	Moses K. Moyer		_		Carrie				
5	Grace K. Engle					I Route Number, City or Tow		ip Code)	
	20s. METHOD OF DISPOSITION			DEDISPOSITION		oate 20c. LC		City on Town	0444-
	1 Donation 5 Other (Specify)	from State	Coul	ther place) ntv Men	norial Ga	rdens Ch	aries	ton	Pa
	21. SIGNATURE OF TUNERAL SERVICE LICENS	SEE		22. NAME	AND ADDRESS OF F	ACR ITY			
	N Kil Bu	chare_		Burk	age Fun	eral Home,	108	Willia	ims St.
	23. PARY I. Enter the diseases, or com		ath. Do r	not enter the m	in, Md.	ch as cardiac or reso	iratory a	rest	Approximate
	shock, or heart fellure. List IMMEDIATE CAUSE (Final	only one cause on each line			, , ,			1,500	interval Between Onset and Death
	disease or condition	Cardia		Acres	-				Onset and Death
	resulting in death) a	DUE TO (OR AS A CONSEC	DUENCE O	F):	<i>></i>				1
Z	6 h								
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE O	F):					
5	CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	MIENCE O	B.					
Ē	that initiated events resulting in death) LAST	DOE TO (ON AS A CONSEC	DENCE O	r):					İ
CE	d								1
¥	PART II. Other significent conditions c	ontributing to death but not n	esuiting	In the underly	ng ceuse given in	Part I. 24a. WAS AN			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDICAL						1 [] YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
								1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL								
<u>ö</u>	EXAMINER?	OSPITAL: Inpetient 2 ER/Outpetient 3		OTHER:	PLACE OF DEATH (C				
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIM		me 5 - Residence	6 Other (Specify) 28d. DESCRIBE HOW	N.IEIRY OC	CHBED	-
	1 Natural 5 Pending	(Month, Day, Year)		URY V	ORK? YES 2 NO			CONLO	
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor	me, ferm, s	street, factory, of	ce	281. LOCATION (Street	and Numbe	or Rural Rou	te Number,
COMPLETED	4 Homicide determined	building, etc. (Specify)				City or Town, State)			
FE	29s. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the beat of my knowledge, de	ath occum	ed at the time, da	s and place, and du	e to the cause(s) and me	nner as sta	nted.	
OM		on the basis of examination and/or i							nd manner es stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 0			29c. LICENSE NU				fonth, Day, Year)
OBI	Jake (MD) D347						•	12/16	

ieland

32. REGISTRAR'S SIGNATURE

31. DATE FILED (MONTF, Dey, Yest)
DEC 2 2 1992

560 Rweiside Dr. Salis brung

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	HEGIOTIAN			CHILL	CALE	UF	DEAL	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH	v	YEAR	3. TIME OF DEATH
	PATRICIA	ANN	KAISER				12 - 11 -92 12-15				11:15 P A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	st birthday)	thday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. BIRTH			IPLACE (State or Foreign			
- 5	215 40 7577	1 M 2 F	54	YRS.	MONTHS D	BAYS HOURS MIN. (Month, Day, Year)				Country)			
1 8	Se. FACILITY NAME (If not institution, give	etmet and number)			01 OTTV TO	- I			3-2-	1938			rland
oc		,			9b. CITY, TO			JN UF DE	EATH		May 1110	INTY OF D	
DIRECTOR	1286 Ritchie H	ıgnway			Arn	oTq					Anne	e Aru	indel County
E C	10a. STATE 10b. COUNT	Y		I see CIT	Y, TOWN OR I	OCATI	04						10d. INSIDE CITY
E	Maryland Anne	Arundel	County	10.00	rnold								LIMITS?
	10s, STREET AND NUMBER				1211020	_							1 YES 2 NO
FUNERAL	Contract Con	1				10f.	ZIP CODE				10g. CIT		WHAT COUNTRY?
Ä	1286 Ritchie Hi	-						21	012			U	SA
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI		13. WAS	DECE	NDENT O	F HISPAN	NC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W					2 NO			41, 416.7		Spec	4
				no					-				White
=	15. DECEDENT'S EDI (Specify only highest grad	CATION completed)	10	ive kind of v	USUAL OCCU	PATION	of working	0	16b. KJI	NO OF BUS	INESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	e retired.)		1000	mu.		Home	emake	r	
₽ E	12	2771								2201110	2110076	_	
COMPLETED	17. FATHER'S NAME (First, AMOUNI, Law)		A			\neg	18. MOTH	IER'S NA	ME (First, Midd	le, Maiden	Sumame)		
BE (Robert McDonald	i					K	athe	erine 1	McCle	ean		
	19a. INFORMANT'S NAME (Type/Frint)		19	b. MAILING	ADDRESS (S	treet an	d Number	or Rural F	Route Number,	City or Town	n, State, Zi	p Code)	
5	Theodore Kaiser								nold,		2101		
	20s. METHOD OF DISPOSITION		205 PLACE		F DISPOSITIO		_		DATE	,		City or To	nun State
	1 ☐ Buriel 2 ☐ Cremetton 3 ☐ Ren 4 ☑ Donation 5 ☐ Other (Specify)	soval from State	connetery, cre						DATE	100.20	ariioit —	City of It	WIII, SIBIB
	21. SIGNATURE OF PLINERIAL SERVICE LI	CENSEE A	1 3 11- 3-	+6.7	722 NA	SE AME	ADDRES	H OF SA	CH ITTY	<u> </u>			
	8	2 //Rona	ld Wade	, Dir	0 100 400 500				00			_	Board
	1-4111000111C	1 oca			655	W.	.Bali	timo	reSt,E	Balto	, MD	2120	1
	23 PART I. Enter the diseases, or shock, or heert fellure.	complications the List only one cau	t caused the de se on each line	eath. Do n	ot enter the	e mod	e of dyle	ng, suci	h as cardiad	or respi	ratory ar	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	- 1		1									Onset and Death
	a. advanced lung cahele										145		
	DUE TO (OR AS A CONSEDUENCE OR)												
CERTIFICATION	Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF):												
F	If any, leading to immediate cause. Enter UNDERLYING										i		
윤	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSE	QUENCE OF	n:								
튜	resulting in death) LAST		,		,-								į
9		d											
<u></u>	PART II. Other significant condition	na contributing to	death but not	resulting i	n the unde	rlying	ceuse g	iven in	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL	***									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
					_				— [¹	YES 2	MO		OF DEATH?
Σ					_								1 YES 2 NO
Z													
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF OE	EATH (Che	eck only one)				
YS	1 YES 2 AND	1 Inpatient 2	ER/Outpatient 3	□ DOA		Home	5 Re	sidence	6 🗆 Other (S)	pecify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF (Month, D	INJURY ny, Year)	28b. TIM	E OF 28-	c. INJU	RY AT		28d. DEŞCR	BE HOW I	URY OC	CUREO	
Β¥	1 Netural 5 Pending 2 Accident Investigation				M 1	☐ YE	ES 2 [NO .					
	3 Suicide 8 Could not be	28e. PLACE O building.	F INJURY — Al ho atc. (Specify)	rme, farm, s	treet, factory,	office			281. LOCATIO	ON (Street a	nd Numbe	r or Rural I	Route Number,
COMPLETED	4 Homicide detarmined		(Ony or n	JAMIA, Stale)			
7	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	mu knowledon de	ath annual	d at the time	data a	-4-1						
MP													
8				mvestigatio	ir, ar my opar	opinion, death occured at the time, data and place, and due to the cause					ue cansels) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE						(Month, Day, Year)
D 0	Victorian	/avoni					D	27	619		P /	2/15	192
-	30. NAME AND ADDRESS OF PERSON WI	D COMPLETED CAUS	E DF DEATH (ITE					12					
l l	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)												
	DR NICK TAVANI				in Ave	enue	e, A	nnap	olis,	MD	2140	1	
	DR NICK TAVANI 31. DAT TEC 2 2 1992	FE-959TRA	705		in Ave	enue	e, A	nnap	olis,	MD	2140	1	

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ICIAN: The law requires that the death certificate be executed within 22 sours after death. Page 6 may be retained by the hospital or attending physician.	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.			
ı	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATN	YEAF	3. TIME	OF DEATN
1	MARIE		LEH	ECKA					1:	50 P. M
	4. SOCIAL SECURITY NUMBER	No. of the second secon		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		8. BIS	RTNPLACE (Suntry)	State or Foreign
	212-28-5810	1□M2∏F 88	YRS.	NTHS DAYS	HOURS MIN.	Jan. 1			chos.	lovakia
۳ ا	9a. FACILITY NAME (If not institution, give s				R LOCATION OF DE	AIN		WORCE		
25	13326 NANTUCKET				EAN CITY			WORCE		
DIRECTOR	Maryland Wo	rcester		OWN OR LOCATI					LIN	SIDE CITY NITS? ES 2 1 NO
	10e. STREET AND NUMBER	DICESTEL	1 0	cean Ci	ZIP CODE		T	10g. CITIZEN O		7.
FUNERAL	13326 Nantucket F	Road			2184	2		U.	S. A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMEO		NDENT OF HISPAN cify Cuban, Mexica			or No — 14. R.	ACE — Ameriack, White,	ican Indian, atc.
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify		.,,	0.00	pecify:	White
	15. DECEDENT'S EOU		16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIN	ID OF BUS	INESS/INDUSTR	γ	
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	etired.)	t or working					
MP	NA	NA	Homemake	er				wn Home	5	
	17. FATNER'S NAME (First, Middle, Last) Unknown				18. MOTNER'S NA	ME (First, Middl Unknov		Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural I			, State, Zip Code)	
임	Albert Lehecka (S	Son)	13326 1	Nantuck	et Road,	0cear	ı Cit	y, Md.	21842	2
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren	noval from State	place of oisposition of the place of oisposition of the place of oisposition of the place of the	ON (Name of cen	etery, crematory or			ATION — City o		
	4 Donation 5 Other (Specify)		T A		D ADDRESS OF FA		ват	timore,	Mary	/Land
	- Robert Al	Dodach	1	Schi	munek Fu Brehms	meral		imore,	Md. 2	21213
CAL CERTIFICATION										LUTOPSY FINDINGS BLE PRIOR TO EAUSE
PHYSICIAN: MEDIC		FAILURE AGINAL F		ENTIA		— I	YES 2	K NO	OF DEA	
.: ≥	CHRON		ATION							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ 0	THER:	ACE OF OEATN (Ch					
14S	1 TYES 2 NO 27. MANNER OF DEATN	1 □ Inpatient 2 □ ER/Out 28s. OATE OF INJURY		☐ Nursing Nom	e 5 Reeldence			JURY OCCURE	n	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	RK?	ava. Disport		JOOUNE		
TED BY	2 \ \alphacldent \ \ \alphacldent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, stre	- At home, farm, street, factory, office 25			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	CONSTRUCTION OF THE PROPERTY O	SICIAN: To the best of my know							ise(a) and m	enner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	71			29c. LICENSE NU			29d. DATE SIG	NED (Month,	Day, Year)
10	30. NAME AND ADDRESS OF PERSON W				D365			12/	/14/	72
	RONALD P.			60 K	DERSIL	E DA	2 ع	ALISE	URY 1	MD >100
	31. DE 1200 9. 1992	Juna Huyasan	WIND BE						,	

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PITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to	
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PHYS	this	with
OING	After	death
EN	G.	fler
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Ā	RAL	2

)	I. DECEDENT'S NAME (First, Middle, Last)		CERTI	ITIOATE	- 01	DEATH	2. DATE (REG. NO		/EAG	TIME OF DEATH
	L	CARMELA	LaPAGI		5/, 10			12	22	92	EAN .	5:34 A .
		219-58-1400	5. SEX 6. AGE	(In yrs. last birthda	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day Year)	912	BIRTHPLA Country)	ITALY
8	- 8	GOOD SAMARI RESIDENCE OF DECEDENT	treet end number) TAN HOSPITAL		1		IMORE	EATH		9c. COUNT	Y OF DEAT	н
DIRECTOR		MD. 10b. COUNT	Y 	10c. (сту, томи о							d. INSIDE CITY LIMITS? X YES 2 \(\text{\ballet}\) NO
FIINEBAL		4213 Wilshir	e Avenue			101	21206			109. CITIZE USA	N OF WHA	T COUNTRY?
2		II. MARITAL STATUS I Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	YES 2 NO If yes, specify Cuben, Mexic			city Cuben, Mexico	kican, Puerto Rican, etc.)			Black, W Specify:	American Indian, hite, etc.
E		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDEN				16b.	KIND OF BU	SINESS/INDUS	TRY	
COMPLETED		Elementary/Secondary (0-12) N/A	life. Do NO	work done during most of working NOT use retired.) OMEMAKER OWN HOME								
1 11	L	17. FATHER'S NAME (First, Middle, Leat) ANGELO COLIANNI						18. MOTHER'S NAME (First, Middle, Meiden Surname) GUISEPPA PECORA				
TO B		196. INFORMANT'S NAME (TypesPrint) 197. MAILING ADDRESS (Street end Number of Rural Route Number, City or Town, State, Zip Code) 11201 SHARADELLA DRIVE, KINGSVILLE							LLE,	MD. 21087		
		20a METHOD OF DISPOSITION	noval from State	b. PLACE AND DATE	TEOF DISPOSI	ITION (NE	MEM. GA	RDENS	BA	CATION — CH LTIMOR		
	I	H. SIGNATURE OF FUNERAL SERVICE U	CENSEE		22.1		HIMUNEK					21226
medical	+	23 PART I. Enter the diseases, or	complications that cause	d the deeth. D	D not enter		5 BELAIR					Approximate
												Interval Between Onset and Death
RTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
111		resulting in death) LAST										
MEDICAL		PART II. Other significent condition	ns contributing to deeth i	but not resultin	ng in the un	derlying	ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	AMI CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
3 A		S. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one	1			
SICI		EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER	R:	6 Residence		, , , , , , , , , , , , , , , , , , , ,			
Y PHY		17. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)			26c. INJ WO		1		NJURY OCCUP	RED	
TED TED		2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Soe	Y — At home, ferr	m, street, facto	ory, office)	281. LOCA City o	TION (Street a r Town, State)	nd Number or	Rural Route	Number,
ANT: II Item	2		ICIAN: To the best of my know									d manner on et-to-d
MPORTANT:									mre pracus, err	a dae to the c		d memmer as stated.

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ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 3 after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other tra

						9	2 35716				
	1 - STATE OF MARY!	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Lest) REMIGIO	LEPORE			2. DATE OF DEATH DATE OF DAT		3. TIME OF DEATH 11:54 P. M				
	4. SOCIAL SECURITY NUMBER 5. SEX 3. AGE 3. AGE 3. AGE 3. SEX 4. AGE 3.			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 08-14-		BIRTHPLACE (State or Foreign Country) ITALY				
OR	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital		Baltimo:			Sc. COUNTY					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND		OWN OR LOCATION	10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO							
FUNERAL	100. STREET AND NUMBER 5203 SAINT ALBANS	WAY	10f. ZH	2121	2		N OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married XX Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DECEND If yes, specify 1 YES	. RACE — American Indian, Black, White, etc. Specify: WHITE							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4	Iffe. Do NOT use rel	done during most of	IPANY							
	17. FATHER'S NAME (First, Middle, Last) AT PDPD T CDTP	PEAH	10		ME (First, Middle, Maiden		101				
TO BE	ALFRED L. GRIFFEAU ISOLINE ROSSIGNOL 19e. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)										
-	JACQUELINE M. STOKES 1426 AUTUMN LEAF RD., TOWSON, MD. 21286 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION) 20c. LOCATION — City or Town, State										
	XXBurlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DULANEY VALLEY MAUS.12-23 TIMONIUM, MD.21093										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND A		W. JENKI						
	23. PART I. Enter the diseases, or complications that ceuse	d the deeth. Do not a			OAD, BALT						
	shock, or heart failure. List only one cause on a immediate CAUSE (Final disease or condition resulting in death) a. SEVERE	CONGEST: A CONSEQUENCE OF):				ratory arrow	Interval Between Onset and Death				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributing to deeth CHROCIC RELIAL FOIL	out not resulting in the	he underlying ca	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
IAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACI	OF DEATH (Che	ck only one)						
YSIC	EXAMINER? 1 YES 2 NO Inpatient 2 ER/Out		THER:	CATALL 1	6 Other (Specify)	· · · · · · · · · · · · · · · · · · ·					
H	27. MANNER OF DEATH 1 Netural: 5 Pending 28. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?		28d. DESCRIBE HOW I	NJURY OCCU	RED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined Determined	Y — At home, ferm, stree icity)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of axaminetic										
BE C	295 SHOMATURE AND TITLE OF CENTIFIER		29	c. LICENSE NUM			SIGNED (Month, Day, Year)				
10	36 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI ALTOLIO PASTOR M.D., 2			Dutte	Datmo		2-19-92				
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32. REGISTRAR'S GHATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HETTIE MASON 7-40 PM 12 992 4. SOCIAL SECURITY NUMBER
219300078 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH (Month, Deg. Year) 9-15-00 IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 86 1 [] M 2 [] YRS. VA use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1840 N. Wolfe St. 21213 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY B1 ack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work do Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for Disabled at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin Britt Romine Butts BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3341 Windsor Ave./Baltimore, MD 21216 Iola Gault 9 20e, METHOD OF DISPOSITION

1 □ Burlel 2 □ Cremation 3 □ Rer
4 □ Donatior 5 □ Other (Specify) ____ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must director, King Memorial Park Randallstown, examiner 21. SIGNATURI OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral WM C. MARCH F.H./1101 E.NORTH AVE. medical 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, certificate has been signed by the attending physician and completely filled in by in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. Interval Betw **IMMEDIATE CAUSE (Final Onset and Death** traumatic event, the disease or condition SEPTIC SHOCK resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): PERFORATED BOWEL
DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury RETROPERITONEAL ABSESS
DUE TO (DR AS A CONSEDUENCE OF): certificate be other t that initiated events resulting in death) LAST 10 the death injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VENTILATOR DEPENDENCE requires that shows any 1 TYES 2 NO 1 YES 2 NO AMP. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE DF DEATH (Check only one) ltem. HOSPITAL:
1 Dispetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 286. TIME OF INJURY this c 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Militural 1 YES 2 NO FULERAL DIRECTOR: After t BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide MPORTANT: It item 29e. CERTIFIER (Check only 1 DEERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. SPITAL OR 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) BHUSHAH, 불물 Dec 19, 1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ,5601 LOCH RAVEN BLVD, BALTIMOME GOOD SAMARITAN HOSPITAL

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executed	and cor	o burial,	natic e
law requires that the death certificate be executed within	physician	e prior t	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
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law requ	ate has been signed by the at	Dept. of	23 sho
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ENDING	R. After	er death	Is ma
OR ATTI	DIRECTO	nours aft	tem 28
SPITAL	NERAL	thin 72 h	NT: If I
TO THE HOSPITAL OR ATTENDING PHYS	I'ME FUNERAL DIRECTOR: After this ce	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)		10.0			2. DATE OF DE	ATH	3. TIME OF DEATH			
	MARY	E.		MART	IN	12	18 -	92	м		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	тн	8. BIRTHPLACE (State or Foreig Country)	gn		
	214-24-8823 9a. FACILITY NAME (If not institution, give	1 M MXXF	62 YRS.	NTHS DAYS	HOURS MIN.	1-28	-30	MD TY OF DEATH			
DIRECTOR	1600 W. MT. R		AP1. 201		IMORE		J. 00011	TO OF SEATH			
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c, CITY, TO	OWN OR LOCATION	ON			10d, INSIDE CITY			
8	αм		F			LIMITS?	,				
	10e. STREET AND NUMBER		DAI	LTIMOR 101.	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?			
FUNERAL	1600 W. MT. R	OYAL AVENUE	APT. 20	9	21217			U.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN			14. RACE — American Indian, Black, White, etc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES X NO		cify Cuben, Mexica 2 X NO Specify		HC.)	Specify: BLACK			
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COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give kind of work life. Do NOT use re	done during mos			OF BUSINESS/INDU				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	CUSTOD				INISTRA				
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	Maiden Sumame)		_		
	EDWARD BROWN					BURLE	,				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street an	d Number or Rural i	Route Number, City	or Town, State, Zip (Code)			
9	BETTY L. MCMA	.NUS	150 S	. KOSS	UTH ST	./BALT	IMORE,	MD 21229			
	20s. METHOD OF DISPOSITION 1 Sturial 2 Cremation 3 Ren	20b	PLACE AND DATE OF D		ne of	DATE	20c. LOCATION — C	ity or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify)	V	OSHELL M		AL GARD	ENS	BALTIM	ORE, MD			
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CEHSEA		22. NAME ANI	D ADDRESS OF FA	CILITY					
	- Uneson	2000		WM.C.	MARCH	F.H./1	101 E.	NORTH AVE.			
	23. PART I. Enter the diseases, or	complications that ceused	the death. Do not	enter the mod	le of dying, wo	h as cardiac or	respiratory arre				
	IMMEDIATE CAUSE (Finel	List only different on the	2 11.	7-9	-n S	00	<u>_</u>	Interval Betw Onset and D			
	disease or condition resulting in death)	· Krul	- my	our	24 Or	mars	_	104			
	ATTENDED AND ADDRESS OF THE PARTY OF THE PAR	DUE TO TON AS A	CONSEQUENCE OF	- 00	7 - 0						
NO	Sequentially list conditions,	n 199	CONSEQUENCE OF	ma 1	No.			gay			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Jong to lon as a	CONSEQUENCEFOR					1			
H	CAUSE (Disease or injury that initiated events	G. DUE TO (OR AS A	CONSEQUENCE OF):					- Y	-		
E	resulting in death) LAST	9						I			
	DART II ON THE INTERNATIONAL PROPERTY OF THE INTERNATIONAL PROPERT		Circle Constitution								
7	PART II. Other significant condition	ns contributing to death b	ut not resulting in t	he underlying	cause given in	Part I. 24a. \	PERFORMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO			
ă						1	YES 2 NO	OF DEATH?	SE		
X						_		1 TES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	T		26 DI /	ACE OF OEATH (Ch	unch only one)					
25	EXAMINER? 1 YES 2, NO	HOSPITAL: 1 Inpetient 2 ER/Outp		THEA:	ESHC W				\neg		
H	27. MANNED OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJU			HOW INJURY OCCI	URED	\dashv		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? ES 2 NO						
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— Al home, farm, stree	et, factory, office				or Rural Route Number,	\neg		
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2	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred a	t the time, date of	and place, and due	to the cause(a) a	and manner as state	d.			
COMPL	anal /	ER: On the besis of exemination							ed.		
	296. SIGNATURÉ AND TITLE OF CERTIPLE	ip/			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)	-		
BE	men 11	Som D				16	•	12.292			
2	38. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)			1 /		\neg		
	100 Non 14 /6	INDADWAY E	AST 7 A	BAZTIA	eont, 1	4MYL)	MUS 2	.1231			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
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BALTIMORE, MARYLAND 21215-0020	RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis
	24 hours after
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The law

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	GTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
WITH OR ATTEN	DIRECTOR:	hours after	Item 28 is
D.	P.	S	N. I

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3. TIME OF DEATH
18 1992 1227 M
8. BIRTHPLACE (State or Foreign Country) MATY/ARL
9c. COUNTY OF DEATH
10d. INSIDE CITY
1 X YES 2 NO
10g. CITIZEN OF WHAT COUNTRY?
USA
s or No. 14. RACE — American Indian.
Black, White, etc. Specify: Black
ISINESS/INDUSTRY
Sumame)
vn, State, Zip Code)
more, MD 21214
OCATION City or Town, State
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Ings, Mills, MD 1 E. NORTH AVE. Approximate interval Between Onset and Death Onset and Death AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DO INJURY OCCURED and Number or Rural Route Number, Inner as stated. Ind due to the cause(s) and manner as stated.
Ings, Mills, MD 1 E. NORTH AVE. Approximate interval Between Onset and Death PAULOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO INJURY OCCURED and Number or Rural Route Number,
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31. DATE FILED (Month, Day, Year)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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HOSPITAL FUNERAL I

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IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3, TIME OF DEATH 4. SOCIAL SECURITY NUMBER 406 м 2 5. SEX BIRTHPLACE (State or Foreign 6. AGE (In yes. I F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BUILTH 217327662 1 M 2 - F 9a. FACILITY NAME (If not institution, give street and nu DON Secumo 0 9c COUNTY OF DEATH DIRECTOR CEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10h COUNTY Maryland 100. STREET AND NUMBER Baltimore 10g. CITIZEN OF FUNERAL WHAT COUNTRY? 10f. ZIP CODE Nee 3202 11. MARITAL STATUS 4.5A 21207 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 1040 IF YES, GIVE WAR DR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 ND Specify: 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY tary/Secon Coffege (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Son ite 1sunt castle 19a. INFORMANT'S NAME (Syna/Print) 19h MAII ING ADDRESS (Sm 1/0 21207 Tourtcastle 20s. METHOD OF DISPOSITION
1 ◯ Burial 2 □ Cremation 3 □ Re 20b. PLACE OF DI 20c. LOCATION - City or 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify) House 21. SIGNATURE NERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY (hup Vabach 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finei** KESC. radok disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF Belirotie orselwer CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS ICIAN: MEDICAL 24a. WAS AN AUTOPSY Los AVAILABLE PRIOR TO ser 222 COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: PHYSI ent 2 ER/Outpatient 3 DOA 4 🗆 Nu ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be determined COMPLETED 4 🔲 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my kn 2 MEDICAL EXAMINER: On the basis of 296. SIGNATURE AND TITLE OF CERTIFIER ATTEORNION PHANCION 28c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) BE 13248 2.18.51

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32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hou

this certificate has b with the State Dept.

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L DIRECTOR: /

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DFC 2 2 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	permit.	
physician.	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pay	
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I within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	detached	
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92 35721 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (Elist, Middle, Last).
HELEN F. MACHULCZ 2. DATE OF DEATH 92 YEAR 3. TIME OF DEATH MONTH 12 18 PAY 3:15 P. M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-16-5541 12-26-04 Country) Maryland 1 M 2 TF YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Westminster 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1023 Uniontown Road 21158 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2X NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Seamstress 6th Manufacturing medical examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) John Franciszkowska Veronica Kujawa 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John L. Machulcz 1023 Uniontown Road, Westminster, Md. 21158 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE emetery, crematory or other place Sacred Heart 4 Donation 5 Other (Specify) _ of Jesus Cemil2 Baltimore. 21. SIGNATURE-OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Matthews Funeral Home theus 21224 3021 Eastern Ave., Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition interio o Clar resulting in death) injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) artein 5 clerose CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 | YES 2 1 40 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: llent 2 - ER/Outpatient 3 D DOA 4 ® Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netursi 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 8 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE (ano

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last, Willie	MOO	RE			2. DATE OF DE	er ^{DA} 13,	те 3. тим 2	7:55
4. SOCIAL SECURITY NUMBER 228-76-8238	1 📉 M 2 🗌 F		FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Morth, Day, 2-15-	тн Убел) 2.9	8. BIRTHPLACE Country)	(State or Foreign
9a. FACILITY NAME (If not institution, give Maryland Gener				re City	PEATH	9c. COU	INTY OF DEATH	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TV	1 40 0000	OWN OR LOCAT					
VA.			IMORE	TON			ш	NSIDE CITY IMITS? YES 2 NO
1303 DREW HILL	AVE. DRUID	HILL AVE,	101	21217			U.S.A.	DUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 XDivorced	12. WAS DECEDENT EVER FORCES? 1 (X) YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 XNO Speci	an, Puerto Rican,	cify Yes or No-	14. RACE — Ame Black, White, Specify: BLA	, etc.
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	c done during mo stired.)	ON ist of working		OF BUSINESS/INC	DUSTRY	IOR
17. FATHER'S NAME (First, Middle, Last)		CHEF /	COOK			ESTAURAI	NT	
- Marie Contract of the Contra					AME (First, Middle,			
LUTHER MOOR	E	19h MAII ING AG	ODESS /Street	BETT and Number or Rurel	IE DOUG		h Cadal	
GENVIA WIGGINS							p code)	
20a. METHOD OF DISPOSITION	15	1 3UUI D		NORFOL			City or Town, Star	10
1 Buriel 2 Cremention 3 Red 4 Donation 5 Other (Specify)		emetery, crematory or other Hampton Na	place)	12-21				
21. SIGNATURE OF FUNERAL SERVICE L	ICEHSES //	Mampton Na		ND ADDRESS OF F	ACILITY		on. Va.	
10 CM	71.11	1 '	1,,,,,				s. Funer	al Home
23, PART I. Enter the diseases, or	complications that saw	of the death De set	1300	Eutaw P	Tace Ba.	Ito. MD	21217	Approximate
disease or condition	DUE TO (OR AS	spiratory a s A consequence of: ry edema	rrest					
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE OF):					-	
CAUSE (Disease or Injury		al occipita	1 hemo	rrhagic	infarct			
that initiated events resulting in death) LAST	d	S A CONSEQUENCE OF):						
PART II. Other significant condition	one contributing to death	but not resulting in t	the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?		AUTOPSY FINDING
					10	YES 2 PHO	OF DEA	ETION OF CAUSE ATH? 'ES 2 \(\square\) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	odardiani a 🗆 DOA	THER:	ACE OF DEATH (C				
1 YES 2 NO	28e. DATE OF INJUR			8 5 Residence		(Ify) E NOW INJURY OC	CIBED	
1 Natural 5 Pending	(Month, Day, Year		Y WC	PRK?	200. OLGONIDE	. NOW MISONI OC	CONED	
2 Accident Investigation 3 Suicide 6 Could not be determined	26a, PLACE OF INJU	RY — At home, farm, streepecify)			281. LOCATION City or Town	(Street and Number n, State)	or or Rural Route Nu	imber,
	SICIAN: To the best of my kn							anner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	1111	29d. DAT	TE SIGNED (Month,	Day, Year)
M. Pagulaya				/Y	14	/	12-13-	92
30. NAME AND ADDRESS OF PERSON W Mary Ann Pagau 31. DATE FILED (Month, Day, Year)	ılayan-Sy, M	.D.		aryland	General	Hospita	al	
DEC 2 2 1992	Julia David	son-fondelle						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

8. BIRTHPLACE (State or Foreign Country) MD

9c. COUNTY OF OEATH

U.S.A.

16b. KIND OF BUSINESS/INDUSTRY

BETHELHAM STEEL

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

BLACK

3. TIME OF DEATH 10

10d. INSIDE CITY LIMITS? 1 X YES 2 - NO

a M

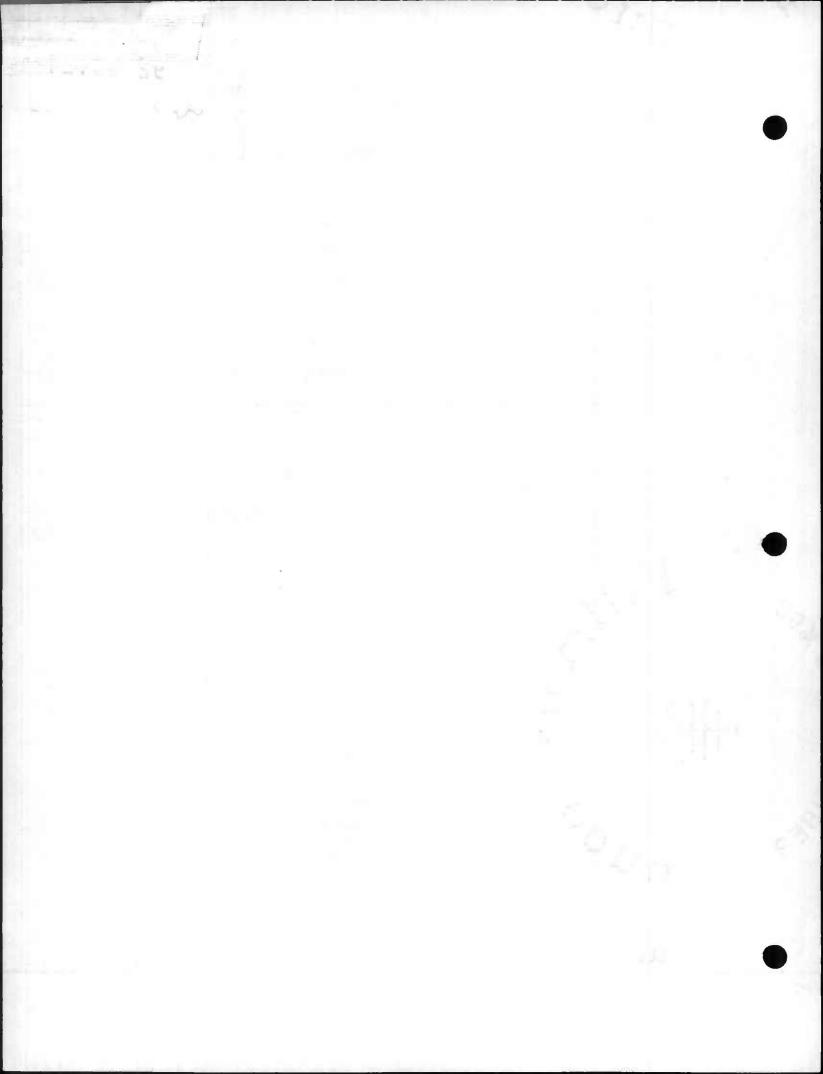
	REGISTRAR CERTIFICATE OF DEATH									REG. NO).
	1. DECEDENT'S NAME (First, Middle, Las	u)						2. DATE OF DEATH MONTH DAY			
	SHERMAN			MOORE					12-15-92		
ij	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birt		IF UNDER 1 YEAR	IF UNDER		7. DATE O	F BIRTH Day, Year)	
- I	217-01-5565	1 X M 2 - F		77 '	/RS.	IONTHS DAYS	HOURS	Min.		-15	
	9a. FACILITY NAME (If not institution, give					9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO					
O.	739 LINNARD ST	FREET				BA	LTIM(ORE			
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	VTY		10	lo CITY	TOWN OR LOCAL	TION:				
DIRECTOR	MD			"	ic. Citt,						
	10e, STREET AND NUMBER					BALTIM		_			
FUNERAL	739 LINNARD STR	PEFT				101	. ZIP COD				10g, Cl
NE	11. MARITAL STATUS	12. WAS DECEDER	T 5/50 1			T		1229			U
	1 Never Married 2 Married	FORCES?	X YES	2 NO	,		ecity Cubs	n, Mexica	in, Puerto Ri		s or No
ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y		ATES		1 TYES	2 XNO	Specify	y:		
0	15. DECEDENT'S ED					SUAL OCCUPATION			16b.	KIND OF BU	SINESS/IN
ETI	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give ki	ind of wo NOT use	rk done during mo retired.)	ist of worldr	ng .			
P			.,	RETIR	ED S	STEEL	WORKI	ΞR	BE	THELH	AM S
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, M	iddle, Maider	Surname)
ш	RANDOLPH MOORE						1	EMMA	MOOR	E	
0	19a. INFORMANT'S NAME (Type/Print)	-		19b, M/	AILING A	DORESS (Street o	nd Number	or Rural I	Route Numbe	er, City or Tov	rn, State, 2
<u> </u>	MARY JOE MOORE					NNARD S					
	20e. METHOD OF DISPOSITION 1 △ Burlei 2 □ Cremation 3 ← Be	7	200	. PLACE AND	DATEOF	DISPOSITION/Na	ime of		DATE	20c. L0	CATION -
	4 Donation 5 Other (Specify)	Moval from State	_ CT	ROWNSV	TLU	φ place). A.	CEM.	12-	-21-9	2 CRO	WNSV
							NAME AND ADDRESS OF FACILITY ESTEP BROS				
	10,81	1 00	11	1		1300) EUT	'AW F		BALT	
	22 847 5 5-44 10-4			1							
	23. PART I. Enter the diseases, D. shock, Dr heart feilung	e. List only one ce	use Dry e	d the death. ach line.	. Do no	t enter the mo	de of dy	ing, suc	h as cardi	ec or resp	iratory a
	IMMEDIATE CAUSE (Fine)		4						4 . 10		001
	resulting in death)	· me	tas	Yatu	- (buse	1	Cec	acco i	and .	ar
		DUE TO	OR AS	CONSEQUE	NCE OF):		- 1				
NO	Sequentially list conditions,	b									
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS	CONSEQUEN	VCE UF):						
S	CAUSE (Diseese or injury	C. DUE TO	OR AS	CONSEQUEN	NCE OF					_	
E	that initiated events resulting in death) LAST	502 10	(-11 Mg)	. JUNGLOWER	or):						
CERTIFICATION		d									
	PART II. Other aignificent condition	ons contributing to	death b	out not resu	Iting in	the underlyin	g ceuse s	given in	Part i.	24a. WAS AP	
DICAL										PERFO	
MEC											
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₹ I	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	SATH (Ch	eck only one)	
S	EXAMINER? 1 VES 2 NO	HOSPITAL:	☐ ER/Out	patient 3 🗆 C		OTHER:	6 5 P R	sidence	6 Other	(Specify)	
PHYSICIAN:	27, MANINER OF BEATH	26e. DATE O	FINJURY		b. TIME	OF 28c. INJ	URY AT		_	CRIBE HOW	INJURY O
ВУР	1 Heaturel 5 Pending 2 Accident Investigation		Day, Year)		INJUI	17 M 1 □ 1	YES 2	NO			
- 1	3 Dutcide & Could not b	28e. PLACE (OF INJURY	- At home,	ferm, str	eet, factory, offic	•		281. LOCA	TION (Street	end Numb
国	4 Homicide determined		etc. (Spe	спу)					City or	r Town, State)
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best o	f my krom	dedne death	necum-4	at the time date	and star-	and de-	to the en	nde\ == 4 = -	
M	(Check only one) 2 MEDICAL EXAMI										
8					- gwitterii	my womant, u				- A postos, Si	
BE	296. SIGNATURE AND TITLE OF CERTIF	Le .					29c. LICI	ENSE NUA	STAL		29d. DA
2	30. NAME AND ADDRESS OF PERSON V						1	1 V	1 42	1	
- 1	4 .SU MAND AND AUDRESS OF PERSON V	WHILL COMPLETED CAL	SE OF DE	ATM STEM 97	1 /Kunn 6	1-1-01					

or Rural Route Number, City or Town, State, Zip Code) ALTO. MD 21229 DATE 20c. LOCATION — City or Town, State 12-21-92 CROWNSVILLE, MD ESS OF FACILITY ESTEP BROS. FUNERAL HOME AW PLACE BALTO, MD 21217 ing, such as cardiec or respiratory arrest, Approximate Interval Betw Onset and Death conduces given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO * COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 | YES 2 | NO FATH (Check only one) sidence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the cause(e) and manner as stated. ed at the time, date and place, and due to the cause(e) and manner ee stated. NSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 42560 92 12/16 Kuns Que Roel. ONC. DHMH-16 Rev 1/89



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	1 - FOR STATE REGISTRAR	STATE OF MA			TMENT OF		MENTAI	HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Zita Miller	Zita	There	sa	Mill	er	2. DATE MONTH	OF DEATH 1	2/20/92	
	4. SOCIAL SECURITY NUMBER 220-12-8153	1 🗆 M 2 💢 F	AGE (In yrs. lest b	irthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Month	OF BIRTH , Day, Year) /17/1	C	Maryland
TOR	9a. FACILITY NAME (If not institution, give s Mercy Medical RESIDENCE OF DECEDENT					or Location of D ltimore	DEATH		9c. COUNTY	OF DEATH
DIRECTOR		, Baltimor		10c. CIT	Y, TOWN OR LOC	Cato	nsvi.	11e		10d. INSIDE CITY LIMITS? 1 YES 27 NO
FUNERAL	100. STREET AND NUMBER 713 Maiden Cho	ice Lane			306	01. ZIP CODE 2	1228	a	1	USA
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO OR DATES		If yes,	specify Cuben, Mexic	an, Puerto F	7 (Specify Yel		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give	kind of v o NOT us	vork done during in retired.)	nost of working retary	16b.		offi	
BE CON		and Mil	ler			18. MOTHER'S NA	rnad	ine	Krieg	
5	19a. INFORMANT'S NAME (Type/Print) H. Cyril Mill	.er	10	44	Ellic	ott Dr.	Ba	ltimo	re, M	D 21216
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND COMMENT OF THE L'O	tory or or		y, Inc.	12/2	2 Ba	ltimo	re, MD
	George E.	MacNabb			Crem 299		ocie ck R	oad	Balto	., MD 21228
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Put TO (OR DUE TO (OR PN.e.	on each line.	ENCE OF	in boli richre					Approximata interval Between Onset and Death
BY PHYSICIAN: MEDICAL C	PART II. Other significant condition	e contributing to de	eth but not res	ulting (in the underly	ng ceuse given in	Part I.	24s. WAS AN PERFOR 1 YES 2	RMED?	24b. WER AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO	HOSPITAL:	3/Outpatient 3 🗆	DOA	OTHER:	PLACE OF DEATH (C	E.C. SELV			
ву РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, 1	Year)		M 1	NJURY AT YORK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCURE	D
	3 Suicide 8 Could not be detarmined	28s. PLACE OF IN building, stc.	(Specify)				City	or Town, State)		ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE									use(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES OF COMMENTS OF PERSON WH	is m	7. D.	70 /Time	Dolari)	29c. LICENSE NU	IMBER			NED (Month, Day, Year) - 20 - 92.
	JI. DATE FILED (Month, Day, Year) DEC 22 1992	CHA, 32. REGISTRAR'S	yerry w	echz		-, 301 51	t-Paul	Place.	Bellows	e,40 21202
	THE PARTY OF THE P	U				_				DHMH-16 Rev 1/89



use as the burial-transit permit. Pages 1, 2, 3 should

TO THE FUNCTION AND PRESCRIPTION TO BE REQUISED THE WAY REQUISES THE CONTROL OF THE FUNCTION AND THE FUNCTION AND THE CONTROL OF THE FUNCTION AND THE CONTROL OF THE FUNCTION AND THE CONTROL OF THE FUNCTION AND THE CONTROL OF THE FUNCTION AND THE CONTROL OF THE FUNCTION AND THE CONTROL OF TH
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30. NAME AND ADDRESS OF PERSON (

OUDTA)

31. DATE FILED (Month, Day, Year)

DEC 2 2 1992

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type)

32. REGISTRAR'S SIGNATURE

	FOR	STATE OF MA	RVI AND /	DEDAG	TMEN'	r ne H	EAITU	AND I	MENTAL LIV	NENE Q	12 3	35725
	1 - STATE REGISTRAR	STATE OF THE	CE	RTIF	ICATI	E OF	DEAT	TH		i. NO.		70120
	1. DECEDENT'S NAME (First, Middle, Last)	1/11	RES						2. DATE OF DEA	ATH DAY	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER				- 1210-			20.00	12	17	704	2003 M
		1 M 2, F	AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRT (Month, Day,)	bar)	Country)	LACE (State or Foreign
	218-26-7799 9e. FACILITY NAME (If not institution, give st		61		9b. CITY	, TOWN C	R LOCATIO	ON OF DE	12-0		Mar UNTY OF DEA	vland
OR	BonSecours Hos	spital			177	I	B al t	imo	re Cit	У		
בַּ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		100 017	Y, TOWN	001001	1011					
DIRECTOR	MD.			10c. CI1			nore	Ci	ty		- 1	IOD. INSIDE CITY LIMITS? DE YES 2 NO
AL .	10e. STREET AND NUMBER						. ZIP CODE			10g. Cl		AT COUNTRY?
FUNERAL	2702 Keyworth	n Avenue					21	215			U.S	•
S.	11. MARITAL STATUS	12. WAS OECEDENT E	EVER IN U.S. AR	MED					IIC ORIGIN? (Spec		14. RACE	- Americen Indian, White, etc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAF					2 □\NO	Specify				Black
	15. DECEDENT'S EDUC		16a. DE	CEOENT'S	USUAL O	CCUPATIO	ON		16b. KIND (OF BUSINESS/IN	DUSTRY	
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ive kind of Do NOT u	work done se retired.)	during mo	st of working	ng		-		
COMPLETED										ealth	Care	
8	17. FATHER'S NAME (First, Middle, Last) Johnnie Mot	ilton					18. MOTI		ME (First, Middle, M	Welden Surneme) ant		
BE	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADORES	S (Street e	nd Number		Soute Number, City		in Code)	
5	Wilbert Maces	y		27	02	Кеуу	vort	h A	venue	Balto.	,MD.	21215
	20e. METHOD OF DISPOSITION	wal from State	20b. PLACE A				me of		DATE 2	Oc. LOCATION		
	31 Burial 2 Cremetion 3 Remet 4 Donation 5 Other (Specify)		Arhi	11115	Mei	n. I	Park	12	/22/92	Arbu	itus,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Decta	٦ #2	281	E 22.	.L.I	hil	lip:	o F/U			Monroe ST 21217
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that c	eueed the de	eth. Do i	not enter	the mo	de of dyl	ing, suci	n as cerdiec or	respiratory e	rrest,	Approximats
	IMMEDIATE CAUSE (Final disease or condition							CI				Interval Between Onset and Death
	resulting in death)	La.	CIIC	HC	1100	717	~) KC	CCC.			-
_		0)01300	CIDIS	DENCE O	2/1/	1/5 (/	NA	ock.	Ch		
2	Sequentially list conditions, if sny, leading to immediate	OVE TO (O	R AS A CONSEC	DUENCE O	F):			, ,	72071			
3	cause. Enter UNDERLYING CAUSE (Disease or injury											
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	DUENCE O	F):							
B												
M	PART II. Other eignificant condition	a contributing to de	eath but not re	esulting	In the u	nderlying	csuae ç	given in		AS AN AUTOPSY ERFORMED?	A	VERE AUTOPSY FINGINGS WAILABLE PRIOR TO
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\vdash 1	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE	OF DEATH ATEN	4 27) (Time	employet.							

DHMH-18 Rev 1/89

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TIMOTILY Charles Control Contro			1 DECEDENTIS NAME (First Middle Local)		CI	io I I I I I	CATE	Or	DLA	1	REG. NO		-	
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The second of th	5 may tor. p		ty Burial 2 Cremation 3 Removal from State											
22. PART I. Enter the diseases, or complications that caused the debth, do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Deat shock, or heart failure. List only one cause on each line. Note	MC age t direct			PENGEE	ISt.	Mary					112/21 A	lpha	_ N .	J
22. PART I. Enter the diseases, or complications that caused the debth, do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Deat shock, or heart failure. List only one cause on each line. Note	th. P		21. SIGNATURE OF FUNERAL SERVICE ER	ENSEE	.//		1					0	- 0.4	_ ,
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CAUSE (Disease or Injury Due To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	X 6	은		DUE TO	(OR AS A CONSEC	QUENCE OF	F):							<u> </u>
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29a. CERTIFUNG PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to XCDNs) and That The Set stated ARYLAND one) 29b. SIGNATURE AND TITLE OF CERTIFURE 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 111 Penn Street. Baltimore. Maryland 2120	The ate h tate (2	EXAMINER?				OTHER:		ACE OF DE	EATH (Che	ck only one)			
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(Check only one) XX MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 2120	VIS ATT T ATT T S aft	⊢ ■		INI	CERSTAT	EH	IGHW/	AY			HMY 48 A8	12 8 T	495	RSTATE HIL
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I DEC 9 0 1002 Aut I Maintan Ronde		i	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	1 2	enul_X	711	CEL	, Do	L LINOTTE.	Mar	VIA	10 21201
1 1 DEC 6 2 1996 Junipunium 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			DEC 2 2 1992 4	che Davidson	- Handell	•								

	ITEM: 17. PER F.H. FILM G-714 8/2/	'94 t.t							07
		RYLAND /	DEPAR RTIF	TMENT OF	HEALTH A	ND MI	ENTAL HYGIEN REG. NO.	₽92	35727
	1. DECEDENT'S NAME (First, Middle, Last) H. WILSO	N MAC	GLID	ЭT		1	2. DATE OF OEATH		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	. AGE (In yrs. lest		IF UNDER 1 YEAR	-		12-1	6-92	8. BIRTHPLACE (State or Foreign
	214-03-5595 KX M 2 G F 9a. FACILITY NAME (if not institution, give etreet and number)	88	YRS.	MONTHS DAY		MIN.	(Month, Day, Year) 05-29-	04	MARYLAND
SH	ROLAND PARK PLACE				N OR LOCATION			9c. COUP	NTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CIT	Y. TOWN OR LO					
	MARYLAND		100.011		IMORE	CI	TY		10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
FUNERAL	830 WEST 40th. ST	REET			101. ZIP CODE	211		10g. CITI	ZEN OF WHAT COUNTRY?
UNE	11. MARITAL STATUS 12. WAS DECEOENT E		AED	13. WAS D		211	ORIGIN? (Specify Yee	or No	U.S.A.
BY F	1 Never Merried XX Merried FORCES? 1 IF YES, GIVE WAR	OR DATES	D	It vee.	specify Cuben, I ES X X NO	Mexicen I	Puerto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify:
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	EDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	INESS/IND	WHITE
PLET	Elementary/Secondary (0-12) College (1-4 or 5+) 5+			rork done during e retired.)			MAN	TIEAC	CTURING
COMPL	17. FATHER'S NAME (First, Middle, Lest) WILLIAM PHYMA	N MAGLED	T		NGINEI 18. MOTHER		(First, Middle, Melden		JURING
BE (WILLIAM PUTNAM				MA	ARY	ANN W	ILSC	
5	190. INFORMANT'S NAME (Type/Print) REBECCA MEAD	196.	706	N . A	DAMS S	Rural Rou	ARLINGT	, State, Zip	Code) A. 22201
	20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State	20b. PLACE AN	ND DATE O	F DISPOSITION	Name of				City or Town, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ST.AN	NES	CH.CI	EMETER		2-19ANN	APOL	IS,MD. 21401
	R. S. Butt				HENRY	W	. JENK		& SONS D. 21212
	23. PART I. Enter the disaeses, or complications that conshock, or haert fellure. List only one cause	aused the dea	th. Do n	ot entar the n	noda of dying,	, auch a	a cerdiec or respir	atory arre	est, Approximate
	IMMEDIATE CAUSE (Final disease or condition	. £	. 11	e, al	5-1	1			Interval Between Onset and Death
	resulting in death) a. DUE TO (GR	AS A CONSECU	JENCE OF	TWU	Fail	W	Le_		
NO	Sequentially list conditions,	MI ON A CONSEQU							
CATI	cause. Enter UNDERLYING	cutur	ence of		diopa	ath	ic.		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR resulting in death) LAST	AS CONSEQU	JENCE OF):					
	d								
CAL	PART II. Other significant conditions contributing to dea	ath but not ras	sulting Ir	tha undarlyi	ng ceuse give	n in Par	PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MED	01						_ 1 □ YES 2	∑ No	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER? 1 YES XX NO HOSPITAL: 1 Inputent 2 ER	/Outpetient 3	DOA		PLACE OF DEAT		Other (Specify)		
E	27. MANNER OF DEATH XXNetural 5 Pending 28e. DATE OF INJ (Month, Day, Y		28b. TIME INJU	OF 26c, IF	JURY AT		d. DESCRIBE HOW IN	JURY OCC	JRED
BY	2 Accident Investigation	JURY — At home	s. term. at		YES 2 NO	_	H LOCATION (State of the		
COMPLETED	4 Homicide S Could not be building, etc.	(Specify)				20	it. LOCATION (Street en City or Town, State)	id Number o	r Hural Houle Number,
MPL	29e. CERTIFIER (Check only one)	knowledge, deatl	h occurred	f at the time, da	e end place, end	d due to t	the cause(e) end menn	er es state	d.
- 11	2 MEDICAL EXAMINER: On the bacle of exami	netion end/or inv	restigation	, in my opinion,					
TO BE	DZ Sh MD				D 3	3713			SIGNED (Month, Day, Year) 2-17-92
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONNA L. DOW M.D., 600 WEST NORTHERN PKWY., BALTO.MD. 21210								

DEC 2 2 1992

June Burlow Rendel

en il ceri - 19

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		CERTIF		HEALTH AND M	ENTAL HYGIEN REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last)	ONGARI	uth Lou	ise	Ongalo	2. DATE OF DEATH 1 MONTH		2 3. TIME OF DEATH	
470-20-5656	1 M 2 F	E (In yrs. lest birthday) 7 O YRS.	IF UNDER 1 YEAR	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/28/2		BIRTHPLACE (State or Foreign Country) innesota	
98. FACILITY NAME (If not institution, give single St. Agnes H				n on location of dea ltimore	тн	9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			. TOWN OR LO					
Maryland 100. STREET AND NUMBER	Baltimore	177		Catons	sville		10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
290 Apt. C-6					228		USA	
11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES		If yes,	ecenbent OF HISPANK apacify Cuban, Maxican, (ES 2 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ilfe. Do NOT us	rork done during e retired.)	NTION most of working	16b. KINO OF BUS			
17. FATHER'S NAME (First, Middle, Last)		I Home	maker	18. MOTHER'S NAME	E (First, Middle, Maiden	Home Sumame)		
Leo Mich	els			I	Ruth Ro	we		
19a. INFORMANT'S NAME (Type/Print) Linda O. Robe	V			et end Number or Rural Ro			MD 21157	
20a. METHOD OF OISPOSITION 1 □ Burlel 2 X Cremation 3 □ Reme 4 □ Donation 5 □ Other (Specify)	oval from State	b. PLACE AND DATE O	F OISPOSITION	(Name of	DATE 20c. LO	CATION — City	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Marth		4 Donation S Dotter (Specify) Metro Crematory, Inc. 12/19 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M. J. Cremation Society of Md., Inc.					
George E. MacNabb 299 Frederick Road Balto., MD 21228								
			299	Frederick	k Road	Balto		
23. PART I. Enter the diseases, proshock, or heert fellure.	omplications that cause	ed the death. Do n	299	Frederick	k Road	Balto	, Approximate interval Between	
23. PART I. Enter the diseases, or o shock, or heert fellure. I	complications that cause conficient course on CARDIA	aech line.	299 ot enter tha r	Frederich	k Road	Balto	, Approximate	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified et once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

UEC 2 2 1992

B2. REGISTRAR'S SIGNATURE

321 Em 26

DHMH-16 Rev 1/89

1998

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 830, YEAR 97 ank hel 12 0 m M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 TF YRS. 10/10/27 28 Virginia 8606 Pages 1, 2, 3 should So. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 17 YES 2 | NO permit. FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE by the funeral director, page 5 should be detached for use as the burial-transit removal. 3439 Hickory Avenue 21211 .S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 1 TES 2X NO Specify Specify 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Waitress Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE David Levi Brooks Alice E. Ratliff notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 <u>Helen</u> Martin PO BOX 3186 Fla. Longwood Pe 20e_METHOD OF DISPOSITION
1 \(\tilde{\text{A}}\) Buriel \(2 \) Cremation \(3 \) Re
4 \(\tilde{\text{Donation}}\) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, State must Metro Crematory Catonsville, 21. SIGNATURE OF THERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home aum 3631 Falls Road, Baltimore MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by t Approximate Interval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) ardio fulmonary
DUE TO (OR AS A CONSEQUENCE OF): executed within event, Internal Bleeding traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): ance CAUSE (Disease or Injury other that initiated events resulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24m. WAS AN AUTOPSY any 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 6 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF this c 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, nth, Day, Year) 1, Natural all 230AM 1 YES 2 NO BY hatrial 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 60 COMPLETED 6 Could not be Bolly MO 4 Homicide 28 Hem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and m FUNERAL I IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE M 12 9 7 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Union Memorial Ba Hospital Itmore OTE FILED (Month, IDM), Hear) 32. REGISTRAR'S SIGNATURE

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, of within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to buriat, cremation or removal	RTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FUNERAL DIRECTOR

BY

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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED Item 28

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TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its

NO

92 35730 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1 MONT 20/ 92 12:45 A RAMSEY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 219 36 1632 1 M 2XXF 57 YRS. 1935 May 15, TENNESSEE Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Essex Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Baltimore (Essex) 1 YES 2 NO 10e. STREET AND NUMBER 101 73P CODE 10g, CITIZEN OF WHAT COUNTRY? 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify: No White 3 Widowed 4 Divorced 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Ward Clerk Vet. Adm. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James C. Greer Cordie V. Blackburn 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE on 3 - Removal from State 4 Donation 5 Other (Specify) 21. SUGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY midney 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Hepatorenal Failure resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Acetaminophen overdose Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

Chronic hepatic insufficiency second to Alcocliolic WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TYES 2 OF DEATH? nepatits 1 YES 2 NO Pilateral phenmonia sepsis coagulopathy

25. WAS CASE REFERRE
EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH

			26. PLACE OF DEATH (Check only one)					
	HOSPITAL: 1 Unpetient 2 ER/Outpetient 3	□ DOA	OTHE 4 - Nu	R: rsing Home 5 - Residence	6 Other (Spec			
nding	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY	28c. INJURY AT WORK?	28d. DEŞCRIBE			

Natural 5 Per Accident Suicide 6 Could not be 4 Homicide

29c. LICENSE NUMBER

HOW INJURY OCCURED

261. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated.

od. svollatvije and tyte of dentifier	Wheeler.	HA
. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF OEATH	(ITEM 27) (Type, Print)

Dr WheelerMD 9000 Franklin Square Drive Baltimore Maryland 21237

31. DATE FILE C MOOR 2 2 1992 137 BECISTEVENENEMARINE AND

BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and complete

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
	Bernard L.	Ripple			lı lı	Dec. 19,	10:30 PM						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	HPLACE (State or Foreign						
3	216-03-2099	1X3 M 2 □ F 73	YRS.	ONTHS DAYS		May 17, 19	919 Ma	ryland					
_	9a. FACILITY NAME (If not institution, give :	· ·	1	· ·	R LOCATION OF DEAT	ГН	9c. COUNTY OF C						
힏	10 Gamewell Gar	-n		Baltin	ore		Balti	more					
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATE	ON	-		10d. INSIDE CITY					
ā		altimore		Balti	more			1 TES XX NO					
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
Ä	10 Gamewell Gar				21236		U. S. A						
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 XXVES	U.S. ARMED 2 NO	If yes, spe	city Cuban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14, RAC Blac	E — American Indian, ck, White, etc.					
B	3 Widowed 4 Divorced	FORCES? 1 XXYES IF YES, GIVE WAR OR DA 1943-19	TES 66	1 TES	2 X NO Specify:		Spec	white					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US			16b. KIND OF BUS	SINESS/INDUSTRY	***************************************					
9	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	life. Do NOT use					N.					
MP	NA	NA	Militar	y Servi			. Army						
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Meiden							
BE	John Ripple 190. INFORMANT'S NAME (Type/Print)		and a recovery			L. McCartl	9						
2	Laura B. Ripple	(Wife)				ute Number, City or Tow Limore, Mc		l l					
1	20s. METHOD OF DISPOSITION	206	PLACE AND DATE OF				CATION — City or To	Court State					
	1XXBurial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ceme B	atery, cremetory or otheraltimore	Nationa	1 Cemeter	v12/23	Baltimore	e. Md.					
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Dinath-	m B	1.1			eral Home	nore Md	21236					
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause on ea	ich iine.					Interval Between Onset and Death					
	disease or condition resulting in death)	. HELATOCELL	ULAR C	ARCINOA	7.4								
	resulting in death) a. HE(ATO CELLULAR CARCINOMA DUE TO (OR AS A CONSEDUENCE OF):												
NO	Sequentially list conditions, Due to (or as a consequence of):												
ATI	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A	CONSEQUENCE OF):										
임	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
CAL			or ribe resulting in	the onderlying	ceuse given in ra	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE					
Ē						1	DINO	OF DEATH?					
2 7						_		1 TES 2 NO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE DF DEATH (Check	k only one)							
YSi	1 TES 2 NO	1 - Inpatient 2 - ER/Outpe		OTHER: Nursing Home	5 Residence 8	Other (Specify)							
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (YY WOI	RK?	28d. DESCRIBE HOW I	NJURY OCCURED						
BY	2 Accident Investigation	20a DI ACE OE IN HIDY	At home dome at-		ES 2 NO								
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At nome, farm, str	eet, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
E	29a. CERTIFIER A SE CERTIEVINO DAVE	ICIAN: To the heat of our found		/AT- 26 - 1425		2009	Varia.						
MP		ICIAN: To the best of my knowle ER: On the basis of examination						s) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIE				D (Month, Day, Year)								
BE	Willy Str	1			D 384 0		≥ 12 /2/						
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)	V 3870.	· ·	10 41	- 1 00					
	Dr. William Shari	man, Francis	Scott Ke	y, 4940	Eastern	Ave., Bal	lto., Md.	21224					
	DEC 2 2 1992	32. REGISTRAR'S SIGN	TURE										
	DEC 6 % 1992	James Millianson-N											



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FUNERAL DIRECTOR	250-51-6157 DE FACILITY NAME (II not institution, give 511 SANDY PLA RESIDENCE OF DECEDENT 100. STATE 100. COUNT SOUTH CATOLINA 100. STREET AND NUMBER	1 D M 2 AF	(In yrs. last birthday)	IF UNDER 1 YE. MONTHS DA		2. DATE OF DEATH DATE OF BIRTH (Morith, Day, Year)	1992 a. Bif	3. TIME OF DEATH 8:57 P THIPLACE (State or Foreign unity)			
FUNERAL DIRECTOR	250-51-6157 DE FACILITY NAME (If not institution, give in the state of the state o	1 — M 2 👺 F Treet and number)	L5 YRS.	9b. CITY, TO		(Month, Day, Year)	8. BIF	THPLACE (State or Foreign			
FUNERAL DIRECTOR	511 SANDY PLA RESIDENCE OF DECEDENT 106. STATE 105. COUNT SOUTH CATOLINA 106. STREET AND NUMBER	street and number)	15 YRS.	9b. CITY, TO	1100115						
FUNERAL DIRECTOR	511 SANDY PLA RESIDENCE OF DECEDENT 106. STATE SOuth Carolina 106. STREET AND NUMBER	ACE y				<u> 3-4-1977</u>	Sou	th Carolina			
FUNERAL	10e. STATE 10b. COUNT SOUTH CAROLINA 10e. STREET AND NUMBER			OZLOLI	WN OR LOCATION OF D HILL	EATH	PRINC	E GEORGE			
FUNERAL	South Carolina 100. STREET AND NUMBER		1 20 2000								
FUNERAL	IOG. STREET AND NUMBER		10c. C114	, TOWN OR LO	Columb	ia		10d. INSIDE CITY LIMITS?			
19 '	40 II	THE HEATTE			10f. ZIP CODE	ıa	10g. CITIZEN O	1 ☐ YES 2 🔀 NO F WHAT COUNTRY?			
10 .	49 H	utto Court			29:	204	U.	S. A.			
1	II. MARITAL STATUS Never Married 2 Married Midowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF HISPA a, specify Cuban, Mexico YES 2 NO Specific		80	ACE — American Indian, ack, White, etc. ecdly: White			
8	15. DECEDENT'S EDI, (Specify only highest grade	CATION completed)	16a. DECEDENT'S L	ork done during	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTRY	,			
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)		Educat	4				
COMPL	7. FATHER'S NAME (First, Middle, Lest)		Stude	nt	18. MOTHER'S NA	Educat ME (First, Middle, Meiden					
6 ш		Edward D. Rus	ssell			Cathleen F	·				
9 P	9a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town					
e	Mrs. Jeanette					oia, South C					
		roval from State Cen	netary, crematory or oth	er place)			20c LOCATION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A A A A A A A A A										
2	Pruchael P. margully 3981 carrollton Road Upperco, Maryland 211										
IFICATI	Sequentially list conditiona, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR AS A	A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant condition	na contributing to death b	out not resulting in	the under	lying cause given in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDIN MAULABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO			
SICIAN	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER.	6. PLACE OF DEATH (C)						
	1/EXYES 2 □ NO 7. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY	28b. TIME		Home 5 Residence	8 Other (Specify) S 28d. DESCRIBE HOW II					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	12-18-19	92 6:55		WORK? YES 2 NO	SUBJECT					
TED	26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) STREET 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) STREET 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 511 SANDY PLACE/PRING										
COMPLE		ICIAN: To the best of my know ER: On the basis of exemination						e(s) and manner as stated			
0 Be	O, HAME AND ADDRESS OF PERSON W	O COMPLETED CAUGE OF DE	ATH (ITEM 27) (Type	Print)	O. C. M. I		≥9d. DATE SIGN 12-1	ED (Month, Day, Year) 9-1992			
	MARIO # GOL 1. DATE FILED (MINITED DIES NOW) UEC 2 2 1992	JK MI	111 N.	PENI	N ST. BAI	LTIMORE, M	ARYLAN	D 21201			

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, PR ATTENDING PHYSICIAN: The law

	Sages		
The state of the s	PECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
Springs	ed for		
201	detach		once.
5	Pe		#
Darwing .	bluods 3		It has 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE		STATE OF R	MARYLAN						MENTA			12	35/33	
	REGISTRAR	Idla J ==41			CERTIF	TOATI	E UF	DEA	IЦ		REG. NO.				
1	JAMES	idle, Last)	G.				REVERE				OF DEATH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDER			R 24 HRS.	12	OF BIRTIN	10	992	1:25 PM	
			1X M 2 F		29 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day: Year)	,	Countr		
	9a. FACILITY NAME (If not institut	tion, give st			19	96 CITY	TOWAL	ID LOCAT	ION OF DE		1-1963	_	NTY OF D	Ohio	
Œ	1220 EAST W			V					RINC			144			
DIRECTOR	RESIDENCE OF DECED		HIGHWA-	7.1		211	VER	SP	RINC	30		MOI	VIGO	MERY	
RE	10a. STATE 10b	. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland	M	ontgomer	У			S	ilv∈	er Sp	ring	Г			1 YES 27000	
3AL	10e. STREET AND NUMBER						101	ZIP COO	E			10g. CIT	ZEN OF W	THAT COUNTRY?	
FUNERAL) Eas	t West H							910			U.	S. A.	
F	11. MARITAL STATUS 1 2 Never Married 2 Marr	ried	12. WAS DECEDEN FORCES? 1				If yes, spe	ecify Cubi	nn. Mexica	NIC ORIGI	Y? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, t, White, etc.	
ΒY	3 Widowed 4 Divorced		IF YES, GIVE W	3		1 TYES	2 XX0	Specify				Speci	Black		
	15. DECEDE			164	. DECEDENT'S	USUAL O	CCUPATIO	N N		164	. KIND OF BUS	INESS/INI	MISTRY		
E	(Specify only high Elementary/Secondary (0-12)	hest grade i	College (1-4 or 5		(Give kind of IIIe. Do NOT u	work done se retired.)	during mo	st of work	ing			MIL 55/1116	,001111		
7	, (0 12)		4		Frant S	Speci	ales	t		De	pt.of	Educ	atio	n:U.S.Gover.	
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)							HER'S NA		Middle, Malden				
BE C		Ja	mes Clif	ford F	Revere					Ма	ry Wil	la C	1av		
	19s. INFORMANT'S NAME (Type/F	Print)			19b. MAILING	ADDRES:	S (Street a	nd Numbe	r or Rural i		ber, City or Tow				
2	Mary Willa H	lendr	icks		3573	Wilm	ar C	ircl	e Da	yton	,Ohio4	5408			
	20a. METNOD OF DISPOSITION 1 1 Buriel 2 □ Cremation 3	3 🗆 Ramo	wal from State		CEANDDATE			me of		DAT	E 20c. LO	CATION —	Cify or To	wn, State	
	4 Donation 6 Other (Spe	dland	nd Cemetery Dayton, Ohio								0				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service										1 Service				
	muchael		3981 Carroliton Road Upperco, Maryland2115												
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	tallure. L	DUE TO	(OR AS A CO	NSEQUENCE O	(F):								interval Between Onset and Death	
PHYSICIAN: MEDICAL CER	PART II. Other significant c	not resulting	sulting in the underlying cause given in F					Part I. 24e. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 SAYES 2 NO				
A	25. WAS CASE REFERRED TO ME	DICAL												50.	
ᅙ	EXAMINER?	-	HOSPITAL:	1		OTHE	R:		DEATH (Ch						
¥	27. MANNER OF DEATN		1 Inpatient 2 I		28b. TIR	_	aing Hom- 28c. INJ	_	esidence		or (Specify) SCRIBE NOW II	I II I II I	OLIMED.		
	1 Netural 5 Pend		(Month, D		200. IN	JURY	WO	RK?	¬ NO	280. DE	SCHIBE NOW II	NJUHY OC	COHED		
BY	2 Culette	stigation	28e, PLACE O	F INJURY A	At home, farm,	street, fac			_ NO	281. LOCATION (Street and Number or Rural Route Number,					
		d not be mined	building,	atc. (Specify)							or Town, State)	ino monitori	or ridial r	coto rearros,	
COMPLETED			CIAN: To the best of a:) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF	CERTIFIER	20			29c, LICENSE NUM						29d. DAT	E SIGNED	(Month, Day, Year)	
힏	100	~	MA	_				0.0	C.M.	E.			12/1	17/1992	
	31. DATE FILED THOUSE, Day, Year) DEC 2 2 1992	NXC	22. SEGISTRA	11	(ITEM 27) (Type		ree	t,	Balt	imo	re, M	ary	Land	21201	

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Dr. Chackumkal Cyriac

31. DATE FILED (Month, Day, Year)

DEC 2 2 1992

	1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPART	CATE	OF H	EALTH DEA	AND	MEN	ITAL HYGIEN	E	_	001		
	1. DECEDENT'S NAME (First, Middle, Last)									ATE OF DEATH			3. TIME OF D	EATH	-
	Ulysses B. Ra	lph							M	12 19 b	1992	YEAR	4:00	P	N
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER	9 24 HRS.		ATE OF BIRTH			IPLACE (State of	-	÷
	213-01-8541	1-√2 M 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	1	Month, Day, Year) .0/24/09		Count	ginia		
	9a. FACILITY NAME (If not institution, give		00		9b. CITY, 1	OWN O	R LOCATI	ON OF D		.0/24/03	ac con				_
8	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH Anne arunde1														
15	RESIDENCE OF DECEDENT														_
DIRECTOR	10a. STATE 10b. COUNT				TOWN OR								10d. INSIDE C	ITY	_
	-	e Arundel		G	Len I	urn	iie						1 TES 2	NO	
¥.	10e. STREET AND NUMBER					101,	ZIP COD	_			10g. CIT	ZEN OF V	WHAT COUNTRY	7	_
FUNERAL	7885 Gordon Ct.						2106	50			U.	S.A.			
	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARI	MED	13. W	S DECE	NDENT C	OF HISPAN	NIC OF	RIGIN? (Specify Yes	or No-	14. RACI	- American Ir	ndlen,	_
BY	1 Never Married	IF YES, GIVE WAR OR					2 NO			erto Rican, etc.)		Spec			
		1											Black		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 Yrs. 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Boat Driver 17. FATHER'S NAME (First, Middle, Last) 18. KIND OF BUSINESS/INDUSTRY 18. S. Stern 18. MOTHER'S NAME (First, Middle, Maiden Surmame)															
12	Elementary/Secondary (0-12) College (1-4 or 5+) 9 yrs. Boat Driver R. S. Stern														
	17. FATHER'S NAME (First, Middle, Last)			ouat .	DIIVE	T				R. S.		1			
SO	George Ralph					- 1				irst, Middle, Malden	Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)		404							ellamy					_
TO BE COM	10 Ministra Abbricas (Greet and Humber of Hural House, City of Town, Stem, Zip Code)										63 010				
3	Florence G. Ralph 7885 Gordon Ct. Apt. 597 Glen Burnie, Md. 21060														
	1 Burlai 2 Cremation 3 Removal from State Company of the place DATE														
	Arbutus Memorial PArk 12/23 Arbutus, Md. 21. SIGNATURE OF FUNITAL ERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY														
	1 ASP	0 1.								Funera	l Hor	ne			
5	421 Crain Hwy, S.E. Glen Burnie, Md. 21061														
	23. PART i. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cardlec or reepiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Betting.												_		
2	IMMEDIATE CAUSE (Float											Onset a			
1	disease or condition resulting in deeth) a. Metastake Carculus & Lung														
5	DUE TO (OR AS A CONSEQUENCE OF):														
N N	Sequentially list conditions, b.														
A	If any, leading to immediate cause. Enter UNDERLYING														
는 H	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
E	resulting in death) LAST	50E 10 (011 X3	A CONSEO	OENCE OF):	•										
CERTIFICATION	d													-	
	PART I/ Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
MEDICAL	AREA DIOPSY PRIDINGS AREA DIOPSY PERFORMED? COMPLETION OF CAUSE OF DEATHS														
Ä	Aterio Selev	stre Cor	olio	Vren	enl	W	DR	car	ع	M L IES 2	, NO		OF DEATH?	7.110	
				- 0-7	00		,		_				1 YES 2	NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PLA	CE OF D	EATH (Che	eck oni	V one)					_
S	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3		OTHER:					Other (Specify)					_
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY		28b. TIME	OF 2	c. INJU	RY AT	alderica		DESCRIBE HOW IN	JURY OC	CURED			_
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJU		ROW T		NO							
	2 Accident Investigation 3 Suicida 6 Could not be	286. PLACE OF INJUR	Y — At hon	ne, farm, str	eet, factor	offica				LOCATION (Street a	nd Number	or Rural R	oute Number.		_
TED	4 Homicide determined	building, etc. (Spi	вспу)							City or Town, State)					
COMPLET	29a. CERTIFIER													-	
N N	(Check only one) 2 MEDICAL EXAMINE	ER: On the basis of examination	on end/or in	westigation.	in my opli	ion, de	eth occur	ed at the	time.	data and place and	due to se	ed,	and menner	h state d	
10	The state of the s									and prince, and					
	290. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)														
BE	4111100	My Also	1. 1	2 1	-		1			34	N	SIGNED	(Month, Day, 19a	")	

ac 1600 Crain Hwy. Glen Burnie, MD. 21061

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1.0

YEAR

1992

3. TIME OF DEATN

9:55

8. BIRTHPLACE (State or Foreign

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12 WELLIAM REDMOND A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 62-6068 1 M 2 F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATN THE JOHNS HOPKINS HOSPITAL BALTIMORE FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNT 10c, CITY, TOWN OR LOCATION MORE 101. ZIP CODE 1620 2121 the funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS OCCENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES ΒY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use jettred.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) RSC be notified at once. 17. FATHER'S NAME (First, Middle, Last) ew15 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street en 2 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 3 🗆 R4 4 Donation 5 Other (Specify) examiner 1M/0 PBR medical has been signed by the attending physician and completely filled in by . Dept. of Health and Mental Hygiene prior to burlal, cremation, or remo 23. PART I. Enter the disses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final or other traumatic event, the disease or condition resulting in death) ENDSTAGE requires that the death certificate be executed within ANDS DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. LINKNOWN ETTO LOGY PHYSICIAN: **EDEPITAL OR ATTENDING PHYSICIAN: The law** 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) r this certificate h HOSPITAL:

1 N Inpatient 2 DER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 - Nursi me 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? is marked, 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO MEN AT OIRECTOR: After to 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 4 Homicide MPORTANT: If Item 28 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

abenio

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132. DEGISTRAR'S STORATURE DO

TOWER

30, HOME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

WATANABE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9c. COUNTY OF DEATH BALTIMORE CITY 10d. INSIDE CITY YES 2 NO COUNTRY? 10g. CITIZEN OF RACE — American Indian Black, White, etc. 16b. KINO OF BUSINESS/INDUSTRY State, Zip Cobe) 110 20c. LOCATION - City or Town, State AHO. Approximata Interval Between **Onset and Death** 45 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? 1 TES 2 NO OF DEATH? 1 YES 2 NO 28d. OESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 29d. DATE SIGNED (Month, Day, Year) J8166 12/18 92 MD 21205 BAUT ONMH-16 Rev 1/89

29c. LICENSE NUMBER

JHH

JHH.

110.



BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) 22 1992

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ENDSTAGE MDS

SEIZNKES of UNKNOWN ETILLOGY

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	ELLEN	RE DD				2. DATE OF DEATH MONTH	PAY 1 C	92ª	3. TIME OF DEATH 2:51 P M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, 13		IPLACE (State or Foreign
	217 66 3611	1 🗆 M 2 🖵 F		AONTHS DAYS		(Month, Day, Year) 4-3-195	a	Count	y)
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	OR LOCATION OF D		-	NTY OF D	EATH
DIRECTOR	THE JOHNS HOP	KINS HOSPITA	L	BALI	TMORE CIT	Y	BA	LTI	4ORE
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ν	too CITY	TOWN OR LOC	ATION				10d. INSIDE CITY
	Maryland								LIMITS?
	10e. STREET AND NUMBER	na		Baltim	ore		10a. CIT	ZEN OF Y	1 YES 2 NO
LONEHAL	847 N. Milton A	venue			21205				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ECENDENT OF HISPA	NIC ORIGIN? (Specify Y	s or No-	14. RACI	E — American Indian, k, White, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			specify Cuban, Mexic ES 2 NO Speci	an, Puerto Rican, etc.) fy:		Spec	My:
	15. DECEDENT'S EDU	ICATION .	44- DECEDENTIA	1		I			Black
	(Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during i retired.)	most of working	16b, KIND OF B	JSINESS/INC	DUSTRY	
OMFLEIED	Elementary/Secondary (0-12)	College (1-4 or 5+)							
5	17. FATHER'S NAME (First, Middle, Last)		_		18. MOTHER'S NA	AME (First, Middle, Maide	n Sumame)		
2					Louise	Moore			
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Stree		Route Number, City or To	wn, State, Zip	Code)	
1									
4	20a. METHOD OF DISPOSITION 1 General 2 Generation 3 General	novel from State co	b. PLACE AND DATE OF		Name of	DATE 20c. L	OCATION —	City or To	own, State
	4 Donation 5 Other (Specify) in	state remov	al						
1	21. SERVICE OF PUREMAL SERVICE CO	Ronald W	ade, Dir		AND ADDRESS OF FA	State			Board
4	\mana/18	1/10 CE	2/18/92	4		eSt,Balto			
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that cause List only one ceuse on	ed the death. Do no	t enter the n	node of dying, suc	ch ss cardisc or res	piratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	00 -	1.\].	, k	55 1				Onset and Death
	resulting in death)	a. 1416	taboli	(14	120012	5			IWK
	_	V . OV	A CONSEQUENCE OF	الم	\sim				>+40
	Sequentielly list conditions, if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	O COL	icad	mmusia	<i>(</i>)		1 70
	ceuse. Enter UNDERLYING CAUSE (Disesse or Injury	· A11	25 -	J'SE	icienc	mmun	aro	ME	1045
	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)			1			
	resulting in death) LAST	d							
- 31	PART ii. Other significent condition	ns contributing to death	but not resulting in	the underly	ing ceuse given in	Part i. 24s, WAS A	N AUTOPSY	246	. WERE AUTOPSY FINDINGS
						PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
							Z		OF DEATH?
.									10 120 1/2 110
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)			
	1 TYES 2 NO	1 Inpatient 2 ER/Ou		OTHER: Nursing H	ome 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)			NJURY AT VORK?	28d. DEŞCRIBE HOW	INJURY OC	CURED	
	2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp	ity — At home, farm, str ecify)	reet, lactory, of	fice	28f. LOCATION (Street City or Town, State		or Rural i	Route Number,
۱	29a. CERTIFIER								
	(Check only	ICIAN: To the best of my kno							
		ER: On the beals of examinat	on and/or investigation	, in my opinion			ind due to If	ne cause(a	i) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	A Data 1	206		29c. LICENSE NU	MBER	29d. DAT	ESIGNED	(Month Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (See 5	Print)				101	11-1-
	Eric Taylo	ant I	110 7		JHI	1600 N	· WC	1/60	21205
	31. DATE FILE 222 1992	THE GETTAR'S SIG	NATURE	1					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF H	HEALTH AND	MENTAL HYGIEI			
1	1. DECEDENT'S NAME (First, Middle, Last)	-			02/1111	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH	
, v	JOSEPHINE	SPENCER				12 18	1992	11:30 A M	
	4. SOCIAL SECURITY NUMBER 242-54-3231	1 M 2 PF 6	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	28	NRTHPLACE (State or Foreign country)	
TOR	98. FACILITY NAME (If not institution, give str THE JOHNS HOPKIN RESIDENCE OF DECEMENT			BALTIN	OR LOCATION OF D	EATH	BALT	IMORE CITY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. C/1	y, town or local	TION			10d. INSIDE CITY LIMITS? 1 VES 2 NO	
FUNERAL	808 N/ WOLA	5 57		101	ZIP CODE	205	10g. CITIZEN	OF WHAT COUNTRY?	
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	CENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) 8/7:		RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ATION sompleted) College (1-4 or 5+)	(Give kind of	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY					
_	17. FATHER'S NAME (First, Middle, Last)	2004	7000	surg x	18. MOTHER'S NA	AME (First, Middle, Meide	Sumame)	200	
TO BE	190. INFORMANT'S NAME (Typo/Print) ROOSE VEIT	Sana	19b. MAILING	ADDRESS (Street of	and Number or Rural	Route Number, City or To	vn, State, Zip Obd	0)	
	20a. METHOD OF DISPOSITION 1 O'Burtal 2 Cremation 3 Remort 4 Donation 5 Other (Specify)		PLACE AND DATE tery, grematory or o	OF DISPOSITION (Ne	arme of	OATE 20c. L	DCATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE Betts Fu	NEEE /	Jones Jones	22. NAME AI	ND ADDRESS OF FI	Canalin	10 54	maj	
NOIL	23. PART I. Enter the diseases, or co ahock, or heert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	iat only one ceuse on ee	mana consequence of lu	n: ng dis	lose of dying, suc	ch as cardiac or resp		Approximate interval Between Onset and Death Two	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Penille DUE TO (OR AS A C	consequence o	gnanz	r g u	whram	10	2 months	
MEDICAL	PART II. Other algorificant conditiona	contributing to death bu	t not resulting	in the underlying	g ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		HOSPITAL:	tient 3 🗍 DOA	OTHER:	ACE OF DEATH (C	8 Other (Specify)			
- 10	27. MANNER OF OEATH Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 28c. INJ		28d. OESCRIBE HOW	INJURY OCCURE	0	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm,			28f. LOCATION (Street City or Town, State		ural Route Number,	
COMPLETE		IAN: To the best of my knowle						use(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIER	(ane)	mo		29c. LICENSE NU	MBER	29d. DATE SIG	INED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	4	TH (ITEM 27) (Type	John	s th	OPKINS	HASP	STAT	
	31. DATSECT 2 2 1992	32 REGISTRARIS SIGNA	THE LAZ		17	01 17 170	- , 401		

			1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND OF DEATH	MENTAL HYGIEN		35/38
		70	1. DECEDENT'S NAME (First, Middle, Last)	STERLIN			2. DATE OF DEATH MONTH D		3. TIME OF DEATH
			4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. leg	(irthday) IF UNDER 1		7 DATE OF BIRTH 5	20 25 8.8	IRTHPLACE (State or Foreign
	pin)	219 85463	1×1 67	YRS. MONTHS	DAYS HOURS MIN.	5150	13	Md.
	3 should	E .	Sa. FACILITY NAME (If not institution, give st	, GENERALH	96. CITY,	Columb		Sc. COUNTY C	OWAKN
	1, 2,	ECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	, 90.00,01111	10c. CITY, TOWN, OF			1 110	
E A		DIRE	MD H	GWAKD		lumbik	7		10d. INSIDE CITY LIMITS? 1 YES 2 NO
1	8)	RAL	10a. STREET AND NUMBER		N IND HOME	10f. ZIP CODE	///	10g. CITIZEN	OF WHAT COUNTRY?
	olan 6-man	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR		AS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	\ \(\tau_1 \)	IACE — American Indian,
-0020	ng physi he burta	BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N	10 U H	yes, specify Cuben, Mexic	cen, Puerlo Ricen, etc.)		Slack, White, etc.
215-	B 2	ED B	15. DECEDENT'S EDUC		CEDENT'S USUAL OC		186, KIND OF BU	SINESS/INDUSTE	BLACK
2	5 2		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ve kind of work done du Do NOT use retired.)	iring most of working	~1		·
AND	the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)		beri	A-N 18. MOTHER'S N	AME (First, Middle, Maiden	RSITY Sumama	OF MO!
	B B E	BE C	LOUIS S	TERLING		EN	IMA	Contrary -	
MA	5 should notified	70	19a. INFORMANT'S NAME (Type/Print)	671/ / 1000	A MAILING ADDRESS	(Street and Number or Rura	Houte Number City or Tow	n, State, Zip Code	0110-
щ	page		20s_METHOU OF DISPOSITION 1 Service 2 Commetted 3 Remove the service of the serv		AND DATE OF DISPOSIT	TION (Name of	DATE 20c. LO	CATION - City of	r Town, State
LTIMOR	age 6 ma director, 5 or must		4 Donation 5 D Other (Specify)	GAP	matory or other place	DRest	12/28 OX	INGS	MILLS Md
LT	ter death. Page 6 m. the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22, N	AME AND ADDRESS OF F	RTON4 SON	15	
BA	rs after death. Page 6 n by the funeral director removal.		23. PART I. Enter the diseeses, or c	omplications that caused the de	ath Do not enter t	OLLAURE	NS St B	ALTON	nd 2/2/7
	d in t		shock, or heert feliure.	List only one ceuse on each line	atil. Do not enter t	ne mode or dying, au	cn as cardiac or resp	rratory arrest,	Approximate Interval Betwee Onset and Deal
Ų	- 100 mm		disease or condition resulting in death)	ASPIRATIO	N				MINUTE
68760	8 5 6	_		DUE TO (OR AS A CONSEC	DUENCE OF):				
	e be execut sician and c nior to buri traumatic	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):				
. BO	phy ne p		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	QUENCE OF:				
P.0	leath certific attending ph mtal Hygiene Y, or othe	CERTIFI	resulting in death) LAST	l					į
DS,	E & 5 e	AL CI	PART II. Other significent condition:	s contributing to death but not r	esuiting in the und	lerlying cause given is	n Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
OR	that the and	MEDICA	Recullent as	pira Tion			PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
REC	0 0 0 E		24 / 3/2				′		1 YES 2 NO
AL	has b Dept.	SICIAN:	HYPER OSMO A	T		26. PLACE OF DEATH (C	theck only one)		
-	ician: The ertificate h the State I	Sic	EXAMINER? 1 VES 2 NO	HOSPITAL:	OTHER:				
OF	this ce with t	РНҮ	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	0
ON	ATTENDING CTOR: After s after death 28 is mai	D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY — At ho	me, farm, street, factor	1 YES 2 NO	28f. LOCATION (Street	and Number or Ru	ral Route Number,
	DIRECTOR: After thours after death them 28 is man	ETE	4 Homicide determined	building, etc. (Specify)			City or Town, State)		
۵	3 4 5 =	COMPLI		CIAN: To the best of my knowledge, de					
	HOSPITAL FUNERAL WITHIN 72 P		29b. SIGNATURE AND JURE OF CERTIFIER	3: On the basis of examination and/or i	nvestigation, in my op	29c. LICENSE NU			
	> =		4 5 1 / 1 7	/	/	APPL ELICENSE NO	- Comment	29d. DATE SIG	NED (Month, Day, Year)
	보 보 를 통	O BE	By! Unin c	Wew. My	/.	DO 9	283	121	21/92
	로 보호	TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITER	al 27) (Type, Print)	DO 9	283	12/	21/92

32. REGISTRARIO SIGNATURE

BALTIMORE, MARYLAND 21203-3146

t permit Pages 1, 2, 3 should

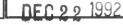
1	-	STATE REGISTRAR
_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 4. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Lest)							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8/1/34 6. BIRTHPLACE (State or Fireign							
	247-09-8975 12 M 2 L F 58 YRS.							
TOR	98. FACILITY NAME (If not institution, give street and number) Baltimore County General Party Repeat Residence of December 196. COUNTY OF DEATH RESIDENCE OF DECEMBER Party Formula 1/2 / Now or Location of Death Residence of December 1							
DIRECTOR	100. STATE 10b. COUNTY 10c GITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 YNO							
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2//33 4.5.A							
BY	11. MARITAL STATUS 1							
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. Decedent's Education (Give kind of work done during most of working life. Do NOT use retired.)							
COMPLETED	12th BS. Degree Juvenile Service							
BE CO	17. FATHER'S NAME (First, Middle, Last) B. Stovel, So Ornie, C. Watts							
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ruse/Print) 19c. MAILING ADDRESS (Street and Number or Ruse/Print) 19c. MAILING ADDRESS (Street and Number or Ruse/Print) 19c. MAILING ADDRESS (Street and Number or Ruse/Print) 19c. MAILING ADDRESS (Street and Number or Ruse/Print)							
	20a. METHOD OF DISPOSITION 1 (Verificial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)							
	21. SUGHATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 23. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 24. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 25. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY LAND THE SERVICE LICENSEE 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26							
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only one cause on each line.							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.							
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. CHRONIC RINAL Facture. Confestive 1 yes 2 NO HEALT Facture; D'ABST. S Mallious 24b. WER AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
SIC	EXAMINER?							
Y PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending M 1 YES 2 NO							
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined detarmined at the could not be detarmined for investigation at the could not be detarmined at the could not be detarmined at the could not be detarmined at the c							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
TO BE	Quent MD. D19502 12-18-92							
_	30. NAME AND ADDRESS OF PERSON WHO COMPRETED CAUSE OF DEATH (ITEM 27) (Type, Print) ORIGINADO B. ONTWIN IND. BCCHT RAWAUS TOWN [48]., 71/33 31. DATE FILED (Morrito, Day, Year) 32. REGISTRAR'S SIGNATURE							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,



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92 35740 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 40 PM SMITH HATTIE 10 12 15 4. SOCIAL SECURITY MUMBER 5. SFX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 217-14-1 🗌 M 2 🔀 F 98 YRS Sa. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR iberty Da 1 to RESIDENCE OF DECEDENT St. Pages J. 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto HU 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4/04 Dar mar 21213 the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Marrie В 3 Widowed 4 Divorced use as 1 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY for Elementary/Secondary (0-12) College (1-4 or 5+) detached 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 岩 the funeral director, page 5 should be BE notified Rural Route Number_City or Town, State, Zio Code! 2 ochearn Da Ho 2120 20a. METHOD OF DISPOSITION Pe 20b. PLACE AND DATE OF DISF DATE 200, LOCATION OSITION /Name of must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF Weo. 0 warpas or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by **Approximata** shock, or heart failure. List only one cause on each line. Interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death physician and completely fille ne prior to burial, cremation, traumatic event, the disease or condition PNUEMONIA executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF) ARTERIOSCLEROTE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A COHSEQUENCE OF): the attending p that initiated events resulting in death) LAST 50 Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AH AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO signed by t Health and - SEIZURE DISORDER shows any COMPLETION OF CAUSE 1 YES 2 NO - PERIPHERAL VASCULAR BISEASE 1 TYES 2 NO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) After this certificate I death with the State HOSPITAL:
1/2 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MAHNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 HO В 2 Accident OR ATTENDING 26s. PLACE OF IHJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26t, LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 COMPLETED 6 Could not be FUNERAL DIRECTOR: A within 72 hours after o 4 📋 Homicide 500 Item 29s. CERTIFIER

(Chack note: 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
Be filed within 72 h
IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examin stigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICEHSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

BUDILIR.

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D

2 2 1992

PATEL

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

2121

12-15-92

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Medical

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO CO

52. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

1 - FOR STATE REGISTRAR	STATE OF MA			TMENT				MENTAL	HYGIENI REG. NO.	E	* = /	
1. DECEDENT'S NAME (First, Middle, Last)	4 DORE	50	HA	PÍRA	2			2. DATE O	F DEATH	×	YEAR 92	3. TIME OF DEATH 505/M
4. SOCIAL SECURITY NUMBER 215 07 6304		AGE (In yrs. les	t birthdey)	IF UNDER 1	YEAR DAYS	IF UNDES	MIN.		F BIRTH Day, Year) 27— //	 7	Country	PLACE (State or Foreign yland
9e. FACILITY NAME (If not institution, give str	reet end number)	1		9b. CITY, T	OWN C	R LOCATI	ON OF DE			9c. COU	INTY OF DE	
Baltimore County	Gen Hosp	ital		Ra	nda	allst	town			Bal	to. C	ounty
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			ine CIT	Y, TOWN OR	LOCAT	ION						10d, INSIDE CITY
Maryland Bal	timore Co)	100.011	Reist	ers	stow						LIMITS?
314 Holly Hill	Road				101	. ZIP COD	€ 211:	36		10g. CIT	USA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI YES WW	YES 2 N		11	yes, sp	ecity Cubi		in, Puerto Ri	(Specify Yea can, etc.)	or No—	14. RACE Black Specify	- American Indian, White, etc. White
15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondery (0-12)		(G	CEDENT'S Ive kind of v Do NOT us	USUAL OCC work done du ne retired.)	cupation of the control of the contr	ON st of worki	ng		erchan			
17. FATHER'S NAME (First, Middle, Last) Benjamin Schapir	0						HER'S NA		iddle, Maiden	Surname)		
190. INFORMANT'S NAME (Type/Print) Jeffery Schapiro									or, City or Town		,	136
20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other pi		SITION (Nam	e of cer	netery, cre	matory or		20c. LO	CATION -	- City or To	wn, State
21. SIGNATURE OF PUNERAL SERVICE LICE	Ronal	d Wade	, Dir 92						State lto.,		_	Board
23. PART I. Enter the diseases, or c ahock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition	List only one ceus	e on eech iine),			0					rrest,	Approximete Interval Between Onset and Death
resulting in death)	DUE TO (C	PULMO DRAS A CONSE	OUENCE O	Pi/	N		ZN	TAR	CTI	DN		
Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (C		OUENCE O	F):	4							
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (C	OR AS A CONSE	OUENCE O	F):								
PART II. Other aignificent condition	a contributing to d	leath but not	resulting	in the und				_	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WHO	HOSPITAL:	FD10-1		OTHER	:	-0.071.5110	2792000	heck only one				
27. MANNER OF DEATH 1 Natural 6 Pending	28e. DATE OF II		26b. TIN		28c. IN.	IURY AT ORK?		8 Other	(Specify)	NJURY O	CCURED	
Accident investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, farm,	street, facto	ry, offic	:0			TION (Street in Town, State)		er or Rural F	oute Number,
The state of the s	4					ieath occi	ared at the	e time, date		nd due to	the ceuse(e) end manner as stated.
AND SIGNATURE AND TITLE OF CENTINES		1. //	11			29c. LJC	ENSE NU	WBER		29d. DA	I E SIGNED	(Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STRUDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The law requires has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not 22 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

The law 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTI	FICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
1	KOSIS STS UENS		MONTH INNY	92 2105 M
1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthdey	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	011-16-7382 10M2 NF 64 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country),
	9a. FACILITY NAME (If not institution, give street and number)		105/14/0	O TITCHIGHTO
1 ~		96. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH
Ö	I was tespital Battimone	Baltimore	2017	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, C			
<u>E</u>	100. COUNTY 100. C	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
		BALTIMORE		1-VI YES 2 NO
ا≩ا	10a. STREET AND NUMBER	101, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
155	5414 KeisTersTown RD	2/2/5		USA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPA		r No.— 14. RACE — American Indian,
	I I I I I I I I I I I I I I I I I I I	It yes, specify Cuben, Mexic		Black, White, etc.
BY	3 Widowed 4 Divorced	TE TES 2 JANO Speci	ry.	Specify: 11) 11. TE
	15. DECEDENT'S EDUCATION 18a. DECEDENT	S USUAL OCCUPATION	16b. KIND OF BUSIN	JESS/INDUSTRY
	(Specify only highest grade completed) (Give kind of life. Do NOT	work done during most of working use retired.)		
<u> </u>		= mailea		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	EMAKER		
		16. MOTHER'S N	AME (First, Middle, Malden Su	
BE	HOMAS STEVENS	K05		ENS
2		G ADDRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)
-	MILLER STEVENS 541	4 ReisTersTou	N RD. B	RATO 21215 N.d.
		OF DISPOSITION (Name of	OATE 20c. LOCA	TION — City or Town, State
	4 Donation 5 Other (Specify)	ERN CEMETER	V 12-23 B	ALTO MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			~ - 11 1/
	11()-0110	1) CLLA NOC	e + SONS	FUNERAL Home
	Jones Dell Noil	322 S. H	164 ST 1	3 ACTO 21202 170.
	23. PART I. Enter the disease, or complications that ceused the death. Do shock, or heart failure. List only one ceuse on each line.	not enter the mode of dylng, suc	ch aa cardiac or respira	tory arrest, Approximeta
	IMMEDIATE CAUSE (Final			Interval Between Onset and Death
3	disease or condition	1100		3.455
	resulting in death) a. OV CO OR AS A CONSEQUENCE	2000		Jyrs
		o. _j .		
6	Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE)f),		
F	If any, leading to immediate cause. Enter UNDERLYING			
[일	CAUSE (Disease or Injury	am.		
ΙĒΙ	that initiated events resulting in death) LAST	ж).		
CERTIFICATION	d.			
	PART II. Other aignificant conditions contributing to death but not resulting	In the underlying cause given in	Part I. 24s. WAS AN AL	TOPSY 24b. WERE AUTOPSY FINDINGS
DICAL		- 10 10 10 10 10 10 10 10 10 10 10 10 10	PERFORM	ED? AMAILABLE PRIOR TO
			1 D YES 2	NO OF DEATH?
ME			_ ′	1 - YES 2 1 HG
PHYSICIAN:				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AOSPITAL:	28. PLACE OF DEATH (C	neck only one)	
Š	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)	
Ē	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TI	ME OF 28c, INJURY AT	28d. DESCRIBE HOW INJ	URY OCCURED
	/ 1 Netural 5 Pending	M 1 YES 2 NO		
BY	2 Accident Investigation 3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, term		28t I OCATION (Street and	I Number or Rural Route Number,
입	4 Homicide B Could not be determined building, etc. (Specify)	onest, ractory, office	City or Town, State)	Number of Pure Poute Number,
COMPLET				
립	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the bast of my knowledge, death occur			
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigate	ion, in my opinion, death occured at the	time, date and place, and o	fue to the cause(s) and manner as stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NU	MBER 2	19d. DATE SIGNEO (Month, Day, Year)
0	Haw by In- no	- W BIORITOE NO		Maria Similar (mornii, bey, mer)
임	30. JAME AND ADDRESS OF JERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	e Print)		
			die	10. 0
	TOTAL STATE OF THE	uqi Hosp, Be	Homore	mo
	TOTAL OF TOTAL AND THE PROPERTY OF THE PROPERT	. /		
- 1	118(11 6)2) 1989/			

DALINOL, MANIEAND	riurs after death. Page 6 may be retained by the host	The function of the functin of the function of the function of the function of the function	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, "OF" in by the funeral director, page 5 should be detache he field within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF			NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, L	ast) EVERETT (1 D./A	SAUN	DERS	2.	DATE OF DEATH	Y Y	3. TIME OF DEATH
	EVERETT	0/	TUNDE	RS			12 /	3 9	2 4.10 AM
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	MONTHS DAYS		4 HRS. 7.	Month, Day, Year) 9-7-1906		BIRTHPLACE (State or Foreign Country)
1	218 10 5802	1½ M 2 □ F	86 YRS.						Maryland
œ	90. FACILITY NAME (If not institution, strongton Knol		A+hol Arr	9b. CITY, TOWI		N OF DEATH	•	9c. COUNTY	OF DEATN
5	RESIDENCE OF DECEDEN		ACHOI AV	E Ball	THOLE			na	
DIRECTOR	10a. STATE 10b. CO	UNTY	10c. C/1	TY, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
	Maryland	na			imore				1 YES 2 NO
34	10e. STREET AND NUMBER		. 744		101. ZIP CODE	1017		. 41/2	OF WHAT COUNTRY?
FUNERAL	827 N. Arling	ton Avenue Ag		112 WW 0 D		21217	ORIGIN? (Specify Yea	US	. RACE — American Indian,
	1 Married 2 Married	FORCES? 1 YES	2 NO	If yes,	specify Cuban,	, Mexican, P	Puerto Rican, etc.)	OF NO.	Black, White, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR ON	no	1	ES 2 🗌 NO	орвину.			Specify: White
日	15. DECEDENT'S (Specify only highest		16a. DECEDENT'S (Give kind of	work done during	TION most of working	,	16b. KIND OF BUS	INESS/INDUS	ТЯУ
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	rea retired.)	acher		US (Gov't	
COMPLETED	12 + 17. FATNER'S NAME (First, Middle, Las	4			40 MOTUS	ED'S NAME	(First, Middle, Maiden	Company)	
	17. PATREM S NAME (FIRST, MILLONS, LAIS	9			ie, morni	CH 3 NAME	(rirst, Mildule, Melideri	Surrieme)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	at and Number o	or Rural Rout	te Number, City or Town	n, State, Zip Co	ode)
٩	Ernest B. John	nson	10625	Green	Mounta.	in Ci	rcle, Co	lumbia	, MD 21044
	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3		b. PLACE OF DISPO	SITION (Name of	cemetery, creme	atory or	20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)								
	21 SIGNATURE OF FUNERAL SERVICE	A I A		22. NAME	AND ADDRESS	S OF FACIL	ITY		
	maus	Moula	,						
-	23. BART I. Enter the diseases shock, or heert fall	Dr complications that cause ure. List only one cause on		not enter the	node of dyln	ng, such a	s cardlec or reapl	ratory arreal	t, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Care	16.45		. 77	- /	7	. 0 \	Onset and Death
	resulting in death)	B. DUE TO OR AS	A CONSEQUENCE (omyo	pars		Ef 10-	20%	
			u cop						į
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	JED:	,			_	
8	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	a A-V	block	_ i	10 1	bacan	noben in	23102)
	thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):					
i iii	resulting in death) LAST	d							
CAL	PART II. Other significant cond	litiona contributing to death	but not resulting	In the underly	ing ceuse g	lven in Pa	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20	de	mentra					1 TES 2		COMPLETION DF CAUSE OF DEATH?
MED							_		1 YES 2- NO
Z									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DE				
14S	1 YES 2 NO	1 Inpetient 2 ER/Ou 28s. DATE OF INJURY			ome 5 Res		Other (Specify) 8d. DESCRIBE NOW I	NJURY OCCU	RED
	1 Netural 5 Pending	(Month, Day, Year)		JUBY	WORK?	-4	od. DEGOTIDE HOW		
BY	2 Accident Investige 3 Suicide 6 Could no	28a, PLACE OF INJUI	Y — At home, ferm.	street, factory, o	ffice	2	of LOCATION (Street	end Number or	Rural Route Number,
COMPLETED	4 Homicide datarmin		(City)				City or Town, State)		
	29e. CERTIFIER (Check only	PNYSICIAN: To the best of my kno	wledge, death occur	rred at the time, o	ata and place,	and due to	the cause(s) end mai	nner as stated,	,
N O	2001	AMINER: On the basis of examinat	ion and/or investigat	ion, in my opinio	, death occure	ed at the tin	ne, data and place, ar	d due to the o	cause(s) end manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CER	TIFIER				NSE NUMBI	a constitution of	29d. DATE S	SIGNED (Month, Day, Year)
10 10	mia	Kind	mo		P	318	6J	> /	2/15/92
F	30. NAME AND ADDRESS OF PERSO								
	DR. MIEN KI 31. DATE FILED (Month, Day, Year)	OUNE	821 N. E	utaw S	treet,	Balt:	imore, MD	2120	1 #206
	DEC 22 1992		Russell	7					
	~ N 100L			R.					

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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may be retained by the hospital or attending physici	the by		
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equires that the death cert	signed by the attend	lental H	
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DING	ECTOR: After this certificate has been signed by t	deat	
TEN	10R	after	
4	3	5/2	

DR EDWARD COSTLOW

31. DATE FILE 0 4007 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12-14-92 YEAR ALBERT DAVID SLESINGER, JR. 12:10A 4. SOCIAL SECURITY NUMBER 5 SFY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 220 03 1398 1- M 2 F 71 1-16-1921 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7205 Chalkstone Drive Baltimore NA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore na 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? n. ansit 7205 Chalkstone Drive T-2 21208 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 8 Marri FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White Yes Navy COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) Salesman 12 + 5 be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert David Slesinger, Sr BE Mirian Bechhofer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Frances Slesinger 7205 Chalkstone Drive T-2,Balto.MD 21208 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cemetery, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 12/14/92 655W.BaltimoreSt,Balto,MD 21201 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the state disease or condition resulting in death) ICIASTATIC Mo other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 item 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28 is 1 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours 29e. CERTIFIER
(Check only one)

CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or stigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 물물물 1)19503 Jana 12 15 92 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10 Gerard Avenue

Jaroff Gustana e Sonarda

#214

Timonium, MD 21093

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TIMORE, MARYLAND 21215-0020	th. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALT	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The left requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificatie has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the Size, Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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_	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		TIME OF DEATH	
-	MYRON A.	THORPE		12 19 to	1992 1	1:43 P _M	
	4. SOCIAL SECURITY NUMBER 5. SEX XX M 2 □ F	YOU MONTHS DAYS HOURS MIN. (Month, Day, Year)					
	9a. FACILITY NAME (If not institution, give street and number)	- 1	CITY, TOWN OR LOCATION OF DE		Mary.		
CTOR	UNION MEMORIAL HOSPI	ral E	BALTIMORE				
) ji	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10	d. INSIDE CITY	
DIRE	Maryland	Balt:	imore City		17	LIMITS?	
\ ¥	100. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHA	T COUNTRY?	
FUNERAL	3327 Paine Street		21211		USA	···	
	1 X Never Married 2 Married FORCES?	T EYER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	n, Puerto Rican, etc.)	Black, V	American Indian, Thite, etc.	
B	3 Widowed 4 Divorced	MAR OR DATES	1 TYES 2 NO Specif	y:	Specify: Wh	ite	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	done during most of working	16b. KIND OF BUS			
Ë	Elementary/Secondary (0-12) College (1-4 or 5		tired.)		_		
once.	6 t. h. 17. FATHER'S NAME (First, Middle, Last)	Driver	40 MANTHED O NA	ME (First, Middle, Maiden	l_Compan	У	
ш	Linwood L. Tho	rne. Sr.		Virginia	,		
TO B	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Aural				
9 F	Edsel Thorpe		3326 Paine	Street B	alto. Md	. 21211	
nst	20s. METHOD OF DISPOSITION 1 □ Burtal 2 △ Commention 3 □ Removal from State	20b. PLACE AND DATE OF D cemetery, crematory or other	place)		CATION — City or Town	3000	
Tie.	4 Donation 5 Dother (Specify) 21. SPONATURE OF FUNERAL SERVICE LICENSEE	Metro Cr	ematory 22. NAME AND ADDRESS OF FA	<u> 112/22 C</u>	atonsvi1	le, MD.	
examir	* Turm Burger	Henra	Burgee-Hens	s Funera		21211	
9	23. PART I. Enter the diseases, or complications the	it caused the death. Do not	enter the mode of dying, suc	h as cardiac or respi	ratory arrest.	Approximate	
vent, the me	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. APTROSCUSTIC CARDIOVASCUURE DISEASE DUE TO (OR AS A CONSEQUENCE OF):						
any injury, or other traumatic event, the medicel examiner must	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):						
F G	PART II. Other significant conditions contributing to	death but not resulting in t	he underlying cause given in			I ERE AUTOPSY FINDINGS	
shows :				PERFOR	XNO S	MALABLE PRIOR TO MAPLETION OF CAUSE OBATHY YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (CA	eck only one)			
2 3	EXAMINER? 16 YES 2 NO 1 Inpution 2 (THER: Nursing Home 5 Residence	6 □ Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation			28d. DESCRIBE HOW II	NJURY OCCURED		
Z8 Is	3 Suicide 200 28e. PLACE C	OF INJURY — At home, farm, stres etc. (Specify)	t, fectory, office	28f. LOCATION (Street a City or Revo. State)	end Number or Rurel Rout	н Мутбек	
IMPORTANT: If item 28 is O BE COMPLETED	28s. CERTIFIER 1 CERTIFIER PHYSICIAN: To the best at one) 2 MEDICAL EXAMINER: On the pents of	my knowledge, death occurred a	the time, date and place, and due my opinion, death occured at the	to the cause(s) and men time, date and place, an	mer as stated. If due to the cause(s) as	od manner as stated.	
E B	TO SUSTATURE AND THE STORY CENTIFIES		O.C.M.J	ABER	294. DATE SIGNED (M	onth, Day: Wur)	
2 ≥	MAKID TO GOLVE TR						
	31. DATE FILED (Mohrh, Dey, Year) 38. REGISTRY	US SIGNATURE	The second second				
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this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. notified at once. pe must examiner medical other traumatic event, the ATTENDING PHYSICIAN: The law requires that the death certificate be 6 Injury, o 23 shows any 6 28 Is marked, DIRECTOR: After the hours after death v OR O TO THE HOSPITAL O
TO THE FUNERAL O
De filed within 72 ho
IMPORTANT: If its

CERTIFICATION

PHYSICIAN: MEDICAL

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92 35746 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 302 laylor Roolney Gerald O M 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State Country) 904. Year 40 1 1 M 2 | F HOURS 40 2141 VRS 532 Washington 05 9a. FACILITY NAME (If not institution, give street and number) COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Fallston DIRECTOR tal to/v RESIDENCE OF DECEDENT 10a. STATE 10c. CITY_TOWN OR LOCATION 10d. INSIDE CITY Edgewood mDDIC. 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2120 Cedar Drive Apt 21040 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 25 Married 1 YES 2 NO Specify: B 3 Widowed 4 Divorced USN 5/60-2/70 White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life, Do NOT use retired.) Mechanic Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) BE Gerald Taylor Wilma Moock 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jacalyn Taylor 2120 Cedar Drive Apt C, Edgewood, MD 21040 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Burief 2 Cremetion 3 Removal from State cemetery, crematory or other place. 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 12/21/92 655W.BaltimoreSt, Balto., MD 21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximata interval Betwe Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition_ AZ DIOPULMONARY resulting in death) SPIRATORY Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ROPHIC DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significent condition	d.	t reaulting i	in the u	inderlying ceuse given in P	art i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 © Inpatient 2 □ ER/Outpatient	3 DOA	OTHE 4 Nu	26. PLACE OF DEATH (Chec			
27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF URY M	28c. INJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW INJURY OCCURED		JRED
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, s	street, fac	ctory, office	28f. LOC City	ATION (Street and Number of Town, State)	r Rural Route Number,

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the years of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and my

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SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
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30.	NAME AND	ADDRESS O	FRERSON	WHO COMPLETED	CAUSE	OF DEATH	(ITEM 27) (Type, Print)	Ī
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TOSEPH JOHN	ARENA M.D.		POXIMAIC	1)ZIVE(F)	BEL ANR.	mp. 21015
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STATE OF MARY	LAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	92 3	5747
	THOMASSON	2. DATE OF DEATH	Q ^{VEAR}	3. TIME OF DEATH

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF HEALTH	AND MENTA	L HYGIENE S	2 3574	1.	
	1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY	3	THO	OMASSON	2. DATE	OF DEATH	92 3. TIME OF DI 7:25		
	4. SOCIAL SECURITY NUMBER 215-22-0328	1 □ M 2 😾 F	8. AGE (In yrs. lest birthday)			OF BIRTH	8. BIRTHPLACE (State of County) Aaryland		
TOR							A.A. COUNT	<u>Y</u>	
DIRECTOR	- 4	Arundel		own or Location n Burnie			10d, INSIDE C LIMITS? 1 YES 2	TTY NO	
FUNERAL	100. STREET AND NUMBER 809 Barkwood Ro			101. ZIP CODE 2106	1		U.S.A.		
ВХ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 2NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	NISPANIC ORIGII Mexican, Puerto Specify:	f? (Specify Yes or No Rican, etc.)	- 14. RACE - American in Black, White, etc. Specify: Whit	500	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)		done during most of working tired.)		KIND OF BUSINESS			
OME	12 yrs. 17. FATHER'S NAME (First, Middle, Last)		Productio	n Control C		Montgomer Middle, Maiden Suman	4	_	
BE	Fred W. Priebe			lo	uise K.	Lotz			
임	Frank Thomasson			press (Street and Number of rkwood Rd.					
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	b. PLACE AND DATE OF E imetary, crematory or other akeview Ce	placel	12/21		rille, Md.		
1	21. SIGNATURE OF FUNERAL SERVICE LI	Ebaug	6	Kirkley-Ru	ddick F		ome Burnie, Md. 2	1061	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Columnia	ariua	enter the mode of dyin	g, such as care $C \in \mathcal{C}$	diac or respiratory	arreat, Approxi		
CERTIFICATION	DUE TO (DR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant condition	ns contributing to deeth	but not resulting in t	he underlying cause gl	ven in Part I.	24a, WAS AN AUTOF PERFORMED? 1 YES 2	AMILABLE PRI	OR TO F CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DE	ATH (Check only or	e)			
IYSI	1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out	ipatient 3 🗆 DOA 4	THER: Nursing Home 5 Res					
ВУ РЬ	1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)			100	CRIBE HOW INJURY	OCCURED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Sp	INJURY — At home, farm, street, factory, office		261. LOC City	261. LOCATION (Street and Number or Rural Route Number, City or Yourn, State)			
COMPLETED		ICIAN; To the best of my kno ER: On the basis of examinati					stated, to the cause(s) and manner a	stated.	
то ве с	296. SIGNATURE AND TITLE OF CERTIFIE	routy in	0	027	SE NUMBER	29d.	DATE SIGNED (Month, Day, Yes	nr)	
-	MAYER GORBATY,	M.D./795 AQU	AHART ROAD		BURNIE	, MARYLAN	D 21061	7.7	
	31. DATE FILED (Month, Day, Year) 32. AEGISTHAR'S SIGNATURED.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	:KIIF	CALE	F DEATH	R	EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	Selma		Turr	ner	2. DATE OF DEATH MONTH DAY 12-11-92		YEAR	3. TIME OF OEATH 7:30A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		a punc	HPLACE (State or Foreign	
- 1	220 07 1302	76	YRS.	MONTHS DAVE MOURE AND			(Month, Day, Year) 4-11-1916 Maryland			(ry)	
	Sa. FACILITY NAME (If not institution, give s		96. CITY, TOW	N OR LOCATION OF D	EATH		9c. COU	INTY OF D	DEATH		
DIRECTOR	8083 Budding Branch Road T-4 Glen Burnie Anne Arundel									undel county	
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
	MD Anne	Co	G1	en Bur	nie			1 YES 2 NO		LIMITS?	
4	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF W			WHAT COUNTRY?
FUNERAL	8083 Budding Branch Road T-4				21061						USA
2	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	EVER IN U.S. ARI	ARMED 13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican,			NIC ORIGIN? (S	IC ORIGIN? (Specify Yes or No - 14. RACE - A			E — American Indian, ck, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	10		ES 2 NO Specif		1, 946-7		Spec	
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUP	ATION most of working	16b. KJN	D OF BUS	SINESS/IN	DUSTRY	
191	Elementary/Secondary (0-12)	Cotlege (1-4 or 5 +	- Ma	Do NOT us	e retired.)	most or working	Mach	Sho	p In	spec	tor
COMPLETED	12							omema			
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		-			
H	Jessie Lehman 19a, INFORMANT'S NAME (Type/Print)		Tour			Catheri	_				
유	Mary Hamer	Dan				et and Number or Rural Branch R					D 21061
	20a. METHOD OF DISPOSITION			_							
	1 Burlat 2 Cremation 3 Removal from State 4 X Donation 5 Other (Specify)										
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE Ronal				AND AODRESS OF FA					
	mount/	alsone	12/12	8 1/9	655	W,Baltimo	reSt.,	Balto	O, MD	2120	01
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications that	caused the de	ath. Do r	ot enter the	mode of dying, suc	h as cardiac	or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	11 -	- 4-4-	-	1	*					Interval Between Onset and Death
	disease or condition resulting in death)	. Mela	stolu	0	Can	cume	121	em	2		
,	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE QF):										
	CAUSE (Disease or injury	C	OR AS A CONSEQ	HENCE OF							
	that initiated events resulting in death) LAST		ON AS A CONSEC	IDENCE OF	7-						i
		d									
EDICAL	PART II. Other significent condition	s contributing to	death but not re	esulting) -	ring cause given in	Part I. 24s	. WAS AN	AUTOPSY MED?	24b	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ğ	Correc	Cusum	2002	1	am	may Un	10	YES 2	6 HO		OF DEATH?
Σ							_				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				200	DI ACE OF OFATH FOL				\perp	
Sici	EXAMINER?	HOSPITAL:	EDiDutantian 2	_ no.	OTHER:	PLACE OF OEATH (Ch					
¥	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		ome 5 Desidence	6 Li Other (Sp 28d. DESCRII		WILLIBA OC	CHRED	
	1 Netural 5 Pending	(Month, De	ly, Year)	INJ	URY	WORK?	Zed. DZQOM	DC 11011 II	100111 00	CONED	
ВУ	2 Accident Investigation 3 Suicide & Could on the	26a. PLACE O	INJURY — At hor	ne, farm, s			281. LOCATIO	N (Street a	ind Numbe	r or Rural	Route Number,
COMPLETED	4 Homicide 6 Could not be determined	building,	ite. (Specify)				City or To	wn, State)			
7	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, der	ith occum	d at the time, d	ete and place, and due	to the councie	l and man	oner en ete	ted	
M M	one) 2 MEDICAL EXAMINE										a) and manner as stated.
E CC	296. SIGNATURE AND TITLE OF CERTIFIER)		~		29c. LICENSE NUI		11			2 (Month, Day, War)
_ m	Culinger	n Al	tending	PD	octor	1 32	1696	ا م	•	12	1160 182-
5	30. NAME AND ADDRESS OF PERSON WH						00.		_	12	11/1/2
	DR C.V. EYRIAC			in H	wy, #3	08, Glen 1	Burnie	MD 2	21061	1	
	DEC 2 2 1992	()	R'S SIGNATURE	3							

TO BE COMPLETED BY FUNERAL DIRECTOR

CERTIFICATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST
MEDICAL	PART II. Other significant
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH
ВУ	1 Matural 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Homicide dete
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFY one) 2 MEDICAL
TO BE	29b. SIGNATURE AND TITLE OF

HEGISTHAR			EKITE	JAIL (DEATH		REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)	rtle	Wam	08		2. DATE OF DEATH MONTH DAY 12 19 9			TIME OF DEATH				
4. SOCIAL SECURITY NUMBER	Florence 5. SEX	6. AGE (In yrs.										
185-09-6387	1 🗆 M 2 💢 F	79			YS HOURS MIN	1	1/26/1	.3 P	Country	ce (State or Foreign		
Se. FACILITY NAME (If not institution, give s	So. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
844 Middlesex	Road 2		Essex Baltimore						ore			
10a. STATE 10b. COUNT	Y		10c, CITY,	TOWN OR L	OCATION				104	I. INSIDE CITY		
Maryland Baltimore Essex 1 □ YES 2 1 NO									LIMITS?			
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 844 Middlesex Road 21221 USA												
1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc. Black, White, etc. Specify: Specify:									White		
15. DECEDENT'S EDU		16a. I	DECEDENT'S U	SUAL OCCU	PATION		16b. KIND OF BU	SINESS/INDUS		WIII		
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of wo	rk done durin retired.)	g most of working							
10th		′ I	Sea	mstr	066		A+blo+	io II	nifo	rm Co.		
17. FATHER'S NAME (First, Middle, Last)			bea	MSCL			II, Middle, Maiden		11110	III CO.		
Harry D:	leh1	_			is. worners		therir	,	esel	e		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING A	DDRESS (St	eet and Number or Au							
Florence M. Be	eall		844 M	idd1	esex Ro	ad	Essex.	MD :	2122	1		
20s. METHOD OF DISPOSITION		20b. PLAC	E AND DATE OF	DISPOSITIO				CATION — CIT	100			
1 Burial 2 Cremation 3 Rem	oval from State	Meta	ro Cre	er place) e matro	ry, Inc.	12/	21 F	Baltin	nore	MD		
21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	1//	010	22. NAN	E AND ADDRESS OF	FACILITY						
3000 2	, , , , , , ,	72		Cre	mation	Soci	ety of	Md.	, In	С.		
George E. M				299	Freder	ick	Road E	Balto	., M	D 21228		
23. PART i. Enter the diseases, or shock, or heart failure.	complications that List only one cau	caused the deep on each file	death, Do no ne.	t enter the	mode of dying,	such as c	ardiac or resp	ratory arrea	t,	Approximate interval Between		
IMMEDIATE CAUSE (Final	1 1			1	0 .					Onset and Death		
disease or condition resulting in death)	. Meh	astak	u 1	ach	ed con	ul				Sing		
	DUE TO	OR AS A CONS	SEQUENCE OF):									
Samuel Manager	b											
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEDUENCE OF):									
CAUSE (Disease or Injury	с											
that initiated events resulting in death) LAST	DUE TO (DR AS A CONS	SEDUENCE OF):						10			
resulting in death) LAS1	d											
PART II. Other significant condition	a contributing to	death but no	t regulting in	the under	luina anuna airea	In Part 1	24s, WAS AN	ALETONOM	I am ma			
		oouth but no	t resulting in	the dileer	lying cause given	WI FOIL I.	PERFOR		AM	RE AUTOPSY FINDINGS MILABLE PRIOR TO		
							1 TES 2	NO		MPLETION OF CAUSE DEATH?		
									1 [YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE OF DEATH	(Check only	one)					
1 TES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA	OTHER:	Home 5 th Residen	ce 6 🗆 O	ther (Specify)					
27. MANNER OF DEATH	28a. DATE OF		28b. TIME		INJURY AT	28d. I	DESCRIBE HOW I	NJURY OCCU	RED			
the street	1 Natural 5 Pending (Morith, Dey, Year) INJURY WORK? M 1 YES 2 NO											
2 Accident 3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bural Route Number,												
8 Could not be building, etc. (Specify) City or Town, State)												
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
Jan 10 0	10 0 5558											
30. NAME AND ADDRESS OF PERSON WI	D COMPLETED CALLS	E DE DEATH OF	*C	Line)	30	, 50	1	19	101	110		
LARRY WATE	RBURY.	Ch.D.	FSKAC	, 4	940 EA	STER	N AUE	. BA	V-0	21224.		
31. DATE FILED (Month, Day, Year)	32 REGISTRAI	SIGNATURE	nde P2									

THE DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF THE PROP	FRAL CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit.	Tell tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ine idm requires	te has been sign te Dent of Heat	m 23 shows	
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A CHI PERSON	2 hours after dea	1 item 28 is n	
-	香	gu.	1

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPARTMEN ERTIFICAT	IT OF I	IEALTH AND DEATH		IYGIENE REG. NO.	92	35750
	1. DECEDENT'S NAME (First, Middle, Last) OREEN, WILL	-				2. DATE OF DEATH DAY YEAR			3. TIME OF OEATN	
	4. SOCIAL SECURITY NUMBER	VGE (In yrs. last	rs. last birthday) IF UNDER 1 YEAR				BIRTN	8. BIRTI	NPLACE (State or Foreign	
	568-36-3283 10-1120F 6			YRS. MONTHS	DAYS	HOURS MIN.	(Month, Dey, Year) 03-29-26		Californi	
DIRECTOR	9a. FACILITY NAME (if not institution, give street Loch Raven VA Me RESIDENCE OF DECEDENT	-31.01	er	96. CITY, TOWN OR LOCATION OF DEATN BALTIMORE						
	10a. STATE 10b. COUNTY		10c. CITY, TOWN		rion				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6304 Shelrick	Drive				21209		10g. CITIZEN OF WHAT COUNTRY?		
TO BE COMPLETED BY FUNI		ER IN U.S. ARM VES 2 NO PR DATES		WAS OED		an, Puerto Rica	pecify Yes or No n, etc.)			
	15. OECEDENT'S EDUCA (Specify only highest grade co	16a, OEC	CEDENT'S LISUAL	OCCUPATION MO	ON set of working	16b. Kit	O OF BUSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	Me.	ve kind of work don Do NOT use retired. Retii	ed	or working		Baker			
	17. FATNER'S NAME (First, Middle, Lest) William O.				18. MOTNER'S NAME (First, Middle, Maiden Sumame) Helen Rayson					
	19a. INFORMANT'S NAME (Type/Print)	19b.	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	Artis Smalls 6304 Shelrick Drive Balto., MD. 212									
	20a. METNDD OF DISPOSITION 1 Burlal 2 to Cremation 3 Removal from State 4 Donation 8 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE #281 Metro Crematory 12/92 Balto., MD.									
	23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, anock, or heart feiture. List only one ceuse on each line. iMMEDIATE CAUSE (Final disease or condition								Approximate interval Between Onset and Daeth	
	resulting in death) a.	UENCE OF):	1 1		1 arch					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR A	MONAL AS A CONSED	UENCE OFY,	clur	y lung	9/h	oun		Julipa
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR /	QUENCE OF):							
PHYSICIAN: MEDICAL CEI	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO									COMPLETION OF CAUSE OF 0EATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 40 1 1 1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify)									
	27. MANNER OF DEATN 1 Natural 5 Pending	27. MANNER OF DEATN 28s. DATE OF INJURY (Month. Day, Year)			28c. INJ WO	RK?			CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	3 Suicide 6 Could not be 28e. PLACE OF INJUR building, etc. (Soi				M 1 YES 2 ND — Al home, farm, street, factory, office y)				Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:									e) and manner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	min			- pon, W	29c. LICENSE NU				(Month, Day, Year)
2	ON NAME AND ADDRESS OF PERSON WHO	1 //11				Unes of 1	adayte	sellon /	2//	1192

32. REGISTRAR'S SIGNATURE QEC 2 2 1992

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PLOSETA OF ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	INTECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		MPORTAXE of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	-	We will be a prior to burial the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ŝ.
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92 35751 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAKU WHITE YEAR 430P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) 9-29-1 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219343176 Virginia HOURS 1 - M 2 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Since Hospital DIRECTOR Baltimore City 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD. Baltimore City YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3347 Belvedere Avenue 21215 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 1 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 PES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) Farm Labor 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Smith Emma BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Emma J. Taylor 3347 W. Belvedere Ave. Balto., MD. 21215 99 20a, METHOD OF DISPOSITION
1 Di Burlal 2 Cremation 3 0 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Arbutus Mem. Park 12/92 4 ☐ Donation 5 ☐ Other (Specify) Arbutus, MD. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe ST #281 E.L.Phillips F/H Balto., MD. 21217 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Betw IMMEDIATE CAUSE (Finel Onset and Death the disease or condition PNLIEMONIA 20a resulting in death) QUE TO (OR AS A CONSEQUENCE OF) DM 0 Low PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): HTW CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY BREAST V MASTECTUMY 1 - YES 2 000 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) NOSPITAL:
1 Proportion 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated (Check only one) 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 20 HOUSESTAPP 12 92

SINAI

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5

31. DATE FILED (Month, Day, Year)

221992

DIZON, MD

132. REGISTRAR'S SIGNATURE PO

HOSP, OF BALTIMORE,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 35752							
		2012	<u></u>	WI	IISENANT		2. DATE OF DEATH	3. TIME OF DEATH 5:00 PM M		
Pir	1	4. SOCIAL SECURITY NUMBER 241-05-3930	1√2 ^{M 2} □ F 7.	5 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/13/17	8. BIRTHPLACE (State or Foreign Country) North Carolina		
. 2, 3 should	TOR	90. FACILITY NAME (If not institution, give s NORTH ARUNDEL HO RESIDENCE OF DECEMENT				BURNIE	ATH	A.A. COUNTY		
t. Pages 1.	DIRECTO	10a. STATE 10b. COUNT	ne Arundel		town on locat en Burn		-	10d. INSIDE CITY LIMITS? 1 YES 2 N NO		
n. Insit permit.	FUNERAL	106. STREET AND NUMBER 136 Midland Roa	ıd		101.	21060		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit or removal. medical examiner must be notified at once.	ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		city Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
the hospital or atten detached for use as once.	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use BOdy & F	rk done during mos retired.)	st of working	166. KIND OF BUSI			
by the hose be detach	COMPL	17. FATHER'S NAME (First, Middle, Last) Ferdinand Whise	mant	Body & I	ender n	18. MOTHER'S NA	ME (First, Middle, Meiden S			
ay be retained to page 5 should t be notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Catherine Whisen	HE TOTAL CONTROL OF THE TOTAL			nd Number or Rural F	Short South Number, City or Town Burnie, M			
ector, page must be		20a. METHOD OF DISPOSITION 1	20b.	PLACE AND DATE OF METRO Cre	DISPOSITION (Na		DATE 20c. LOC	CATION — City or Town, State Onsville, Md.		
24 hours after death. Page 6 m filled in by the funeral director, ion, or removal.		21. SIGNATURE OF FUNERAL SERVICE LI		5	22. NAME AN Kirk		ick Funera			
th certificate be executed within 24 ending physician and completely fill Hygiene prior to burial, cremation or other traumatic event, the	ERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A C.	CONSEQUENCE OF):	d enter the mod	de of dying, suci	h as cardiac or reapir	Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death		
THE LOWER OF ATTENDING PHYSICIAN: The law requires that the dea THE TUNERAL DIRECTOR: After this certificate has been signed by the after that within 72 hours after death with the State Dept. of Health and Menta PORTANT: If Item 28 is marked, or Item 23 shows any Injury,	AN: MEDICAL C	PART II. Other significant condition	ns contributing to death b	rut not resulting in	the underlying	g ceuse given in	Part I. 24s. WAS AN / PERFORE 1 YES 2	MED? AMAILABLE PRIOR TO		
citAN: The rifficate has be State D	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ME	HOSPIFAL:		OTHER:	ACE OF DEATH (Che	8 Other (Specify)			
DING PHYSIC After this cer death with th s marked, e	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED		
OR ATTENDING DIRECTOR: After hours after death Nem 28 Is ma	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, lerm, str	net, factory, office	•	281. LOCATION (Street ar City or Town, State)	nd Number or Rural Route Number,		
UNERAL OR A UNERAL DIREC UNIT IT HOM	COMPL	onel	ER: On the basis of apprination					ner as stated. If due to the cause(s) and manner as stated,		
TO THE PLONERAL TO THE PUNERAL De filed within 72 P IMPORTANT: If I	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	don	patrian		29c. LICENSE NUN	211	29d. DATE SIGNED (Month, Day, Year)		
	-	20. NAME AND ADDRESS OF PERSON WE ELLIOTT GORBAT	Y, M.D./7845	OAKWOOD I	ROAD, #2	203/GLEN	BURNIE, MA	ARYLAND 21061		
		31. DATE FILED (Morith, Day, Year)	na Davidson-Hand	ATURE						

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filled in by the funeral director, ysician and completely fille prior to burial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the been signed by the attending physician the transfer of Health and Mental Hygiene prior to ter this one eath with After t DIRECTOR: A hours after d TO THE FUNERAL DI be filed within 72 ho IMPORTANT: 11 116

ASP STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 2:56 A 2. DATE OF DEATH 1 MONTH 20 DAY 1992 AR WHEELER SHANNON Μ. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formige 217-90-4316 1 M 2 TF June 3, 1974 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE MARYLAND SHOCK TRAUMA RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Howard Ellicott City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8525 Frederick Road 21043 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Marr Specify: White BY 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT up a retired.) (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) Maids International 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Lee Wheeler, Jr. BE Elizabeth Kelley Grim 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizábeth Grim Frederick Rd., Ellicott City, Md. 21043 20a. METHOD OF DISPOSITION

1 V Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State John's Ellicott City, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARRY H. WITZKE FUNERAL HOME Harry u 4112 Old Columbia Pike Ellicott City Md2104B 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betwe IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) VE DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 🛆 YES 2 🗌 NO 28. PLACE OF DEATH (Check only one) HGSPITAL:
1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 5 G Residence 8 G Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED PASSENGER IN AUTO/TREE 28b. TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending Investige 12-20-1992 2:47Am IMPA 1 YES Z NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) BOULEVARD Suicide 261. LOCATION (Street and Number of Rural Route NumbBALTO, BOO'O' BLR'' WASHINGTON BLVD MD 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 12-20-1992M O.C.M.E 2

DEATH (ITEM 27) (Type, Print)

111 N. PENN ST. BALTIMORE, MARYLAND 21201

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FOR

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be i	PIDECTION. After this cardifficate has been signed by the obtending observation and commission filled in the fundamental accounts
9	Page
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2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Janet J. Wiseman WISEM AN 3. TIME OF DEATH JANET 845 97 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (Sta 1 🗌 M 2 🖵 F YRS 212-40-7006 05-10-1942 Baltimore. for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and nu 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Hospital Baltimore City N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3500 E. Fairmount Avenue 21224 U.S.A. stained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XNO BY Specify: Specify: Separated Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Coffege (1-4 or 5 +) 9th Grade Sales Hecht Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William J. Meehling Lillian Warder notified at BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21224 Lillian Meehling 3500 E. Fairmount Avenue, Baltimore, Maryland pe 20s. METHOD OF DISPOSITION

(X) Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Cometery, crematory or other place)
Moreland Memorial 12/21 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 cremation, or removal the medical 23 PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death 3day disease or condition a. AUD XI C BRAIN
DUE TO (OR AS A CONSEQUENCE OF): DAMAGE resulting in death) or other traumatic event, 3de burial. DUE TO (OR AS A CONSEQUENCE OF): RESUSCITATION MEDICAL CERTIFICATION Sequentially list conditions, 2 if any, leading to immediate prior more cause. Enter UNDERLYING CAUSE (Disease or Injury ENDUCARDIT DUE TO (OR AS A CONSEQUENCE OF) that initisted events resulting in death) LAST Mental 1 ncate has been signed by the arte State Dept. of Health and Mental Item 23 shows any injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO FAILURG COMPLETION OF CAUSE 1 YES 2 HO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 | NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 the sa 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH DIRECTOR: After this cer hours after death with the Item 28 is marked, or 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29e. CERTIFIER
(Chack ank)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 ___ MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) wo BE Judrus Wl 12/17/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (NEM 27) (Type, Print) AUDREW WANG TOU EPRILO JOHNS HOPKING 31. DATE FILED (Month, Day, Year) 32 REGISTRAN'S SIGNATURE 2 1992 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- 1	1. DECEDENT'S NAME (First, Middle, List)	hichard M	MARIE	FICATE (MARY			WHI	2. DATE	REG. NO		YEAR	TIME OF DEATH
215-	4. SOCIAL SECURITY NUMBER 215-10-8385		n yrs. lest birthde	MONTHS	YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH 1, Day, Year) 2.5 – 10		BIRTHPLA Country)	CE (State or Foreign
стов	98. FACILITY NAME (If not institution, give a ST. AGNES HOSE RESIDENCE OF DECEDENT	•				MOR		ATH			TY OF DEATH	
DIREC	10e. STATE 10b. COUNTY MARYLAND	Y	1	ALTIM								1. INSIDE CITY LIMITS? () YES 2 NO
FUNERAL	100. STREET AND NUMBER 649 ORPINGTON F	ROAD			101	212				10g. CITIZI	EN OF WHAT	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	tt	yes, spe	ENDENT O	n, Mexicar	n, Puerto I	17 (Specify Yes Rican, etc.)	or No —	14. RACE — A Black, Wi Specify: WHIT	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6 YEARS	College (1-4 or 5 +)	16a. DECEDENT (Give kind life. Do NO:	of work done du 'use retired.)	CUPATIO	ON st of workin	ng	16b	KIND OF BU	SINESS/INDU	STRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) FRANK SZUMLAN							ME (First, F	Alddle, Melden AND	sumama) DCZAK		
10	19a. INFORMANT'S NAME (Type/Print) SELF		19b. MAJLI	NG ADDRESS	Street a	nd Number	or Rural R	Route Numi	ber, City or Tow	m, State, Zip (Code)	
	20e, METHOD OF DISPOSITION 1 A Buriat 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ovat from State	PLACE AND DA	VISLA	US_	CEM		12-		CATION — CI		State Y MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Scraway.	ii	KA1 25:	CZ0 25	FLE	SKI ET S	FUN ST.	ERAL BALTO	. MD	. 21:	224
į	23. PART I. Enfer the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one ceuse on ea	rdia	e av	V Y	021	_				et,	Approximate interval Between Onset and Death
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEDUENCE	ted	an and	alab	CU nal	of our	t-a	heal		
CERT	PART II. Other significant condition	d			1	0		I				
: MEDICAL	noted agrinosis contitu	e contributing to death bu	it not resultin	g in the und	errying	ceuse ç	jiven in i	Part I.	24a. WAS AN PERFOR	RMED?	AMA CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		ACE DF D						
BY PHYS	27. MANNER DF DEATH 1 Naturat 5 Pending 2 Accident Investigation	1 Inpelient 2 ER/Outpe 26s. OATE DF thJURY (Month, Day, Year)	28b. 1		8c. INJI	_			(Specify)	NJURY OCCL	JREO	
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specific	— At home, farr	n, street, factor	y, office				ATION (Street in or Town, State)		or Rural Route	Number,
COMPLET		CIAN: To the bast of my knowle R: On the basis of examination										d menner as stated,
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER	ItNorula (al hes	rdu	29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED (Moi	nth. Day. Year)
	30. NAME AND ADDRESS OF PERSON WH	/ '	SARU									

BALTIMORE, MARYLAND 21215-0020

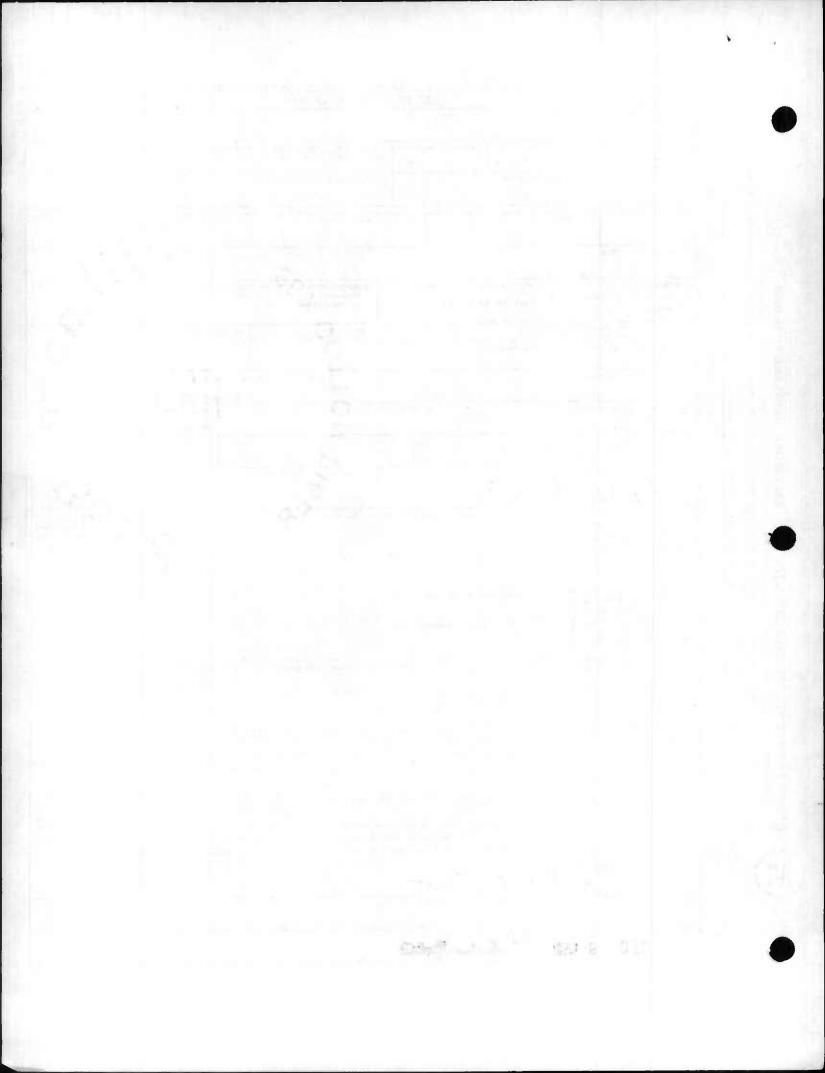
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	WALTER CURTIS WILKINSON									12-12-9		12:30 P M	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTI	HPLACE (State or Foreign
1	427 03 900		1 M 2 F	77	YRS.	MORTHS	DATE	HOUNS	ware.	6-16-19	15		Mississippi
l "	Ba. FACILITY NAME (If not in	nstitution, give	street end number)			9b. CITY	, TOWN	OR LOCATI	ION OF DE	ATH	9c. CO	UNTY OF E	
DIRECTOR	10316 Burn	Side I	Drive			El	lic	ott (City		Но	ward	County
E E	10a. STATE	10b. COUNT	Υ		10c. CIT	ry, town (OR LOCA	TION					10d. INSIDE CITY
	Maryland	na			F	Balti	more	е					1 YES 2 NO
FUNERAL	10a, STREET AND NUMBER						10	. ZIP COO	Æ	6	10g. CI	TIZEN OF	WHAT COUNTRY?
N N	118 So Aug	usta 1							1229			USA	
	11, MARITAL STATUS 1 Never Married 2 🔀	Married	FORCES? 1	T EVER IN U.S. AR			If yes, sp	ecify Cube	nn, Mexica	HC ORIGIN? (Specify on, Puerto Rican, etc.)	fes or No—	14. RAC	E — American Indian, k, White, etc.
₩	3 Widowed 4 Dive		IF YES, GIVE V	MAR OR DATES 1942-45	5		1 YES	2 🗌 NO	Specify	<i>y</i> :		Spec	White
0	15. DEC	EDENT'S EDU	ICATION .	16a. DE	CEDENT	USUAL O	CCUPATH	ON		16b. KIND OF E	USINESS/IN	DUSTRY	***************************************
COMPLET	Elementary/Secondary (C		College (1-4 or 5	+)	. Do NOT u	work done se retired.)	ouring me	ST OF WORK	ng	Constr	uctio	n En	gineer
MP	12 +												
	17. FATHER'S NAME (First, M							91		ME (First, Middle, Meid			
BE	Leonard He		Wilkinso							d Hedric			
2	Mrs Helen		naon							Route Number, City or 1			
	20a. METHOD OF DISPOSIT		Inson	20b.PLACE					/enue	,Baltimo	ce, MD	_	
	1 Burial 2 Crematic		noval from State	cemetery, cre				ame or		DATE 20c.	LOCATION -	- City or 10	own, State
1	21, SIGNATURE OF FUNERA		CENSEE Roma	ld Wade,	Dir	22.	NAME A	ND ADDRE	SS OF FA	CILITY C+ 2+4	Ana	- OMII	Board
1 1	Juny	11	111 /20	0 ,			55 W	.Bal	timo	reSt,Balt			
-	23. PART I. Enter the d	iseases, or	complications the	t caused the de	ath. Do								Approximate
	iMMEDIATE CAUSE (Fir disease or condition	eart fallure. nai	List only one cau	ise on each line). 						,		interval Between Onset and Death
	resulting in death)	7	a. HAS	(OR AS A CONSEC	DUENCE O	920 F):	192	17/	KRY.	7 -119 1 -1		_	
2			& SEVE	RE CO	PD)							
E	Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
CERTIFICATION	CAUSE (Disease or Inju		c. CAC										
	that initiated events resulting in death) LAS	т	DUE 10	(DR AS A CONSEL	DUENCE O	NF):							
19			d										
	PART ii. Other significa	ondition	ns contributing to	death but not r	esuiting	in the ur	derlyln	g cause	given in		UN AUTOPSY ORMED?	248	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL										1 🗆 YES			COMPLETION OF CAUSE OF DEATH?
M									,				1 TYES 2 NO
ä													
宣	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Che	eck only one)			
PHYSICIAN:	1 YES 2 NO		1 Inpatient 2 28e. DATE DF	ER/Outpatient 3	DOA 28b. TIN	4 🗆 Nur	sing Hom	URY AT	esidence	6 Other (Specify)			
	1 🔀 Neturni 5 🗌	Pending Investigation	(Month, E		ZOO. THY	JURY M	WC	ORK? YES 2	□ NO	28d. DEŞCRIBE HOY	N YHULNI Y	CURED	
D BY	2 Suinte	Could not be	28e, PLACE D	F INJURY — At ho	me, farm,	street, fact	ory, offic	•		281. LOCATION (Street		or Rural i	Route Number,
TED	4 Homicide	determined								City or Town, Sta	10)		
2	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurr	ed et the t	ime, date	and place	, and due	to the cause(s) and n	anner as st	ited.	
COMPLET	one) 2 🗍 MED	ICAL EXAMINI	R: Dn the basis of s	xamination end/or i	investigation	on, in my o	pinion, d	leath occu	red at the	time, date and place,	end due to	the cause(e) and manner as stated.
BE C	296, SIGNATURE AND TITLE	OF CERTIFIE	R , ^	00	,			29c. LIC	ENSE NUM	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
10 B	121	611	1	All	M	411		D.	1291	67	•	12/1	16/91
F	30. NAME AND ADDRESS OF		,		po-				_				
	DR. JOHN				son	Aven	ue,B	alti	more	,MD 21228			
	DEC 22 1992 Julio States Render												

	1 - STATE REGISTRAR	STATE OF M	ARYLAND	/ DEPARTA	NENT OF I	HEALTH AND	MENTAI	HYGIENE REG. NO.		3:	5754
	1. DECEDENT'S NAME (First, Middle, Last)				ALE OI	DEATH		OF DEATH	-	3.	TIME OF DEATH
	Bernadine	Mar	ie	. A	NTHONY	7	Dece	mber 6		EAR	11:52 p. M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.		NCE (State or Foreign
	213-34-2405	1 🗆 M 2 💢 F	77	YRS.	NTHS DAYS	HOURS MIN.		13, 19			yland
~	Sa. FACILITY NAME (If not institution, give			98	CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEAT	н
DIRECTOR	Garrett County Me	emorial Ho	spital		0a	kland				Garre	tt
C	10a. STATE 10b. COUNT	ry		10c. CITY, T	OWN OR LOCA	TION				10.	d. INSIDE CITY
DIA	Maryland (Garrett			Mt. La	ke Park					LIMITS?
AL	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZER		COUNTRY?
FUNERAL	607 P Street	, Apt. #2	4			2155	0	- 1	US	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED		ENDENT OF HISP	ANIC ORIGIN			RACE -	American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA		JNO	1 YES	ecify Cuban, Mexic 2 NO Spec	can, Puerso F elfy:	lican, etc.)		Black, W Specify:	
	15. DECEDENT'S EDI	ICATION	I see 5	DECEDENT'S USI			100			Whi	te
ETE	(Specify only highest grad Elementary/Secondary (0-12)	e completed)		'Give kind of work to. Do NOT use re	done during mo	ost of working	16b.	KIND OF BUSH	NESS/INDUS	TRY	
PLI	8th	College (1-4 or 5+)		Hou	sewife			I	lome		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			1100	0011210	18. MOTHER'S N	AME (First, N				
BE C	Earl		Simps	on		Ethe	1			На	mill
TO B	19a, INFORMANT'S NAME (Type/Print)		1	96. MAILING AD	DRESS (Street a	and Number or Rura	l Route Numb	er, City or Town,	State, Zip Co		
F	Francis E. Anthon	ıy		607 P	Street	Apt. #	24 Mt	. Lake	Park,	MD	21550
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ren	noval from State	20b. PLACE	AND DATE OF D	SPOSITION ///	me of	DATE	200 1.00	ATION - CIty	or Town	Cloto
	4 Donation 6 Other (Specify)	201000000000000000000000000000000000000	Plea	sant Va	Tley C	emetery	12/9	9 Oak1	and	Mary	land
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE / -	-			art Fun		Jomo			1536
	Manklent	1. Custe	٤						Oakla	nd	MD 21550
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that of List only one cause	coused the d	leath. Do not	enter the mo	de of dying, au	ch ea cerd	lac or reapire	itory erreat		Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition										Onset and Death
	resulting in death)	· Acute for	rdieny	lmonar	arre	3t	-				
z		b Athorogo	lovoti	a annal		-1 44-					
TIO	Sequentially list conditions, if any, leading to immediate	* Atherese	HAS A CONST	QUENCE OF	-Ovasci	ilar urs	ease				
CERTIFICATION	CAUSE (Disease or Injury	Cerebrov	ascula	r disea	ise						
Ē	that initiated events resulting in death) LAST	00 10 10	M AS A CONSE	EQUENCE OF):							
E		d									
CAL	PART ii. Other eignificent condition	na contributing to de	eeth but not	reculting in the	e underlying	g ceuse given in	Part I.	24a. WAS AN AI PERFORM			RE AUTOPSY FINDINGS ILABLE PRIOR TO
8	Diabetes melli	tus						1 YES 2		COI	WPLETION OF CAUSE DEATH?
MEDI	- Hypertension								Λ.		YES 2 NO
ż											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		01	26. PL HER:	ACE OF DEATH (C	heck only one)			
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 DE		3 DOA 4 D	Nursing Hom	e 5 🗌 Residence	6 Other	(Specify)			
	1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		26b. TIME OF	WO	RK7	28d. DE\$0	CRIBE HOW INJ	URY OCCUR	ED	
BY	2 Accident Investigation	28a. PLACE OF I	N.IIIDY At b	ome form etree		ES 2 NO		T-011 (0)			
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc	c. (Specify)	Olife, farm, stree	, ractory, ome		City o	TION (Street and r Town, State)	d Number or f	Rurel Ploute	Number,
COMPLETED	29a. CERTIFIER	ICIAN. T. M. A. A. A.									
MP	(Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the basis of exer									
	29b. SIGNATURE AND TITLE OF CERTIFIE) / /	C C C C C C C C C C C C C C C C C C C	, opanon, o						
BE	Sme	ILK K	Ato	10		29c. LICENSE NU	IMBER	1			nth, Day, Ybar)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Time Prin	ri	D30035			1	2-07-	-92
- H											
	Donald P Pichto			1495 0=		MD 215					



FOR STATE OF STATE OF REGISTRAR NELLIE MAE AKOWSKY 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Mae 12-11-1992 Akowsky Nellie 1045 am 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 9-8-1924 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 223 22 7583 MONTHS DAVE HOURS MIN. 1 M 2 0 F Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 420 W. Dares Beach Rd., Apt. 107 Prince Frederick Calvert RESIDENCE OF DECEDENT 10a. STATE MD 10c. CITY, TOWN OR LOCATION Prince Frederick 10b. COUNTY 10d. INSIDE CITY Calvert 1 YES 2 NO 100. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 420 West Dares Beach Rd. 20678 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried BY 3 🛛 Widowed 4 🗌 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 housewife once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hudson ਛ Russell Edward Jenkins Mae E11a BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Sandra L. Holt 8850 Falling Leaf Dr., Owings, MD 20736 9 20a. METHOD OF OISPOSITION
1 Surial 2 Commation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State medicai examiner must Metropolitan Crematory 12-12-92 Alexandria, VA 21. SIGNATURE OF FUNEFIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Rausch Funeral Home, PA Owings, MD 20736 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** completely filled rial, cremation, c age of disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Arrest HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minudes traumatic event, and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)prior to this certificate has been signed by the attending physician and with the State Dept. of Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 Injury, c PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Chronic Obstructive Pulmocry Disease Angeritis AVAILABLE PRIOR TO 23 shows any COMPLETION DF CAUSE OF DEATH? 1 YES ZONO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nurs 6 C Other (Specify) 0 L DIRECTOR: After this certile the 2 hours after death with the fillem 28 is marked, o 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY WORK? 28d. OESCRIBE HOW INJURY OCCURED 17 Natural M 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER
1 Chack and
1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(e) end manner as stated. FUNERAL (-2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 296. SIGNATURE AND TITLE OF CERTIFIER THE H 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE PCaOOatcun— JUNE MO
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 041794 12-11-92 2 PRINCE FREderick md 20628 12 REGISTRANI SPRIGNATURE 1992 - Pandelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	rilled in by the funeral director, page 5 should be detached for use as the burial-transit
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

	Pos	ache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iten
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	
- }	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
, i	Robert Thomas	Allwine				Nov. 27,	1992 YEAR	7:50PM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
- 1	578-40-4504	1 🕅 M 2 🗆 F	62 YRS. MON	ITHS DAYS	HOURS MIN.	(Month, Day, Year) October 18	1930 Mas	hington. D.C.
	9a. FACILITY NAME (If not institution, give st	treet and number)		CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY OF	
S S	VA Medical Center			Parry	Point		Cec	il I
DIRECTOR	RESIDENCE OF DECEDENT							
2	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		Mary's	Ta	ll Tim				1 TES 2 NO
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	P.O. Box 198				2069	0	United	States
ᆵ	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 TY YES	U.S. ARMEO	13. WAS DEC	ENOENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No- 14. RAC	E — American Indian, ck, White, etc.
Β¥	3 Widowed 4 Divorced	FORCES? 1 ™ YES IF YES, GIVE WAR OR DA 1952-1956	ATES		2 NO Speci		Spe	olly:
	15. DECEDENT'S EDUC		44- DECEDENTIO HOL					White
#	(Specify only highest grade	completed)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina mo:		16b. KIND OF BUS	SINESS/INDUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		•				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Point	of Sa		Reta	ril Food	Sales
					W. III		Surname)	
BE	Oscar Allwine 190. INFORMANT'S NAME (Type/Print)		105 MAN INC ADD	DECC /Charata		hesser		
임	300000000000000000000000000000000000000					Route Number, City or Tow		
	Nancy Lee Allwin		I P.O. Bo					0690
	1 St Burial 2 Cremation 3 Remo	oval from Stats com	PLACE ANO OATE OF OI etery, crematory or other p	olace)		1	CATION — City or 1	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC		GEORGE É		AL O ADDRESS OF FA	12/1 Va]	ley Lee	. Maryland
- 1	Edulul W. K	Sunt				uneral Home	2	
_	Edward N. Br	insfield, Jr				gton Street		rdtown, Md
	23. PART i. Enter the diseases, or c	complications that caused List only one cause on ea	the death. Do not e	enter the mo	de of dying, suc	th as cardiac or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final	200000000000000000000000000000000000000						Interval Between Onset and Death
- 1	disease or condition resulting in death)	Respirato	ry Failure					
			CONSEQUENCE OF):					
z I	Sequentially list conditions,	Pneumonia				_		100
RTIFICATION	If any, leading to immediate		CONSEQUENCE OF):					33%
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or injury	Sepsis						
	that initiated events resulting in death) LAST		CONSEQUENCE OF):					
		Anoxic En	cephalopta	hty				
ا پَ	PART II. Other significant conditions	s contributing to death b	ut not resulting in th	e underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
<u>5</u>						PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 🗀 YES 2	₩ NO	OF DEATH?
						—		1 TYES XT NO
₹ I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (CA	each only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ettent 3 DOA 4	HER:				
Ë	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME OF			6 ☐ Other (Specify) 28d, DESCRIBE HOW II	NJURY OCCURED	
	1 X Natural 5 Pending	(Month, Day, Year)	INJURY	wo	RK? ES 2 NO			
8	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	— At home, farm, street			281. LOCATION (Street a	and Number or Rural	Route Number
	4 Homicide 6 Could not be	building, etc. (Spec	ify)	<u>.</u>		City or Town, State)		
COMPLET	29s. CERTIFIER	CANA TO A CONTRACT OF THE CONT						
ξ		CIAN: To the best of my knowl R: On the basis of examination						The second second
ვ∦			T STOR OF HIVESTONE, III	тту ортпоп, и	eth occured at the	time, outs and place, an	d due to the cause	(s) and manner as stated.
N L	29b. SIGNATURE AND TITLE OF CERTIFIER	Famou	1.1		29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)
0		ALGERT	Val	M.D.	J15	198	11.	27.92
-	30. NAME AND ADDRESS OF PERSON WHO			,	04000	1		1
	PREM LAL, M. D.			RYLAND	21902	123		
	31. DATE FILEO (Month, Day, Year) 92	32. REGISTRAR'S SIGN	ATURE					
		0						5.5

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
rithin 24 hours aft	vertely filled in by I remation, or remo	ent, the medical e	
ate be executed w	hysician and comp	r traumatic eve	
the death certific	by the attending print of Mental Hygiene	injury, or othe	
law requires that	as been signed b Dept. of Health ar	23 shows any	
PHYSICIAN: The	this certificate h	irked, or item	
L OR ATTENDING	DIRECTOR: After hours after death	item 28 is ma	
TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If	

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN	E	
9	1. DECEDENT'S NAME (First, Middle, Lest) DOUGLAS	ALLEN				2. DATE OF DEATH MONTH	- 93	3. TIME OF DEATH
	212-16-303 1)	SEX 6. AGE (In yrs. lest	YRS. MONT	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	THPLACE (State or Foreign
lo _R		Center,	96.	gity, town o	Istown	ATN	9c. COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COUNTY	to	BA/	WN OR LOCAT	ion ML			10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 9109 Liberty	Rd	ON !		ZIP CODE 72 1/3	2	10g. CITIZEN O	T VES 2 NO
BY FUNI	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 VES 2 N IF YES, GIVE WAR OR DATES	MED O	if yes, spe	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	BI	ACE — American Indian, ack, White, etc.
COMPLETED	15. DECEOENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	(GA liege (1-4 or 5 +)	CEDENT'S USUA As kind of work d Do NOT use retin	fone during mos red.)	N at of working	16b. KIND OF BUS		
BE COMP	17 EATHER'S NAME (First, Middle, Last) Douglas Sylves	st Alken	SR.	ed	18. MOTHER'S NAM	ME (First, Middle, Meiden :	Surneme)	
TO B	190. INFORMANT'S NAME (Type/Print) BAKBAKA HA		MAILING ADDI	1.11	nd Number or Rural R	oute Number, City or Town		Md. 21207
	20e METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal 1 4 Donetion S Other (Specify)	rom State cemetery, cren	ND DATE OF DIS	netery		14/8 CA	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE AURULE C.	Denno			NA FU Washi		Home	bridge, MD.
	23. PART (// Enter the diseases, or companock, or heart failure. List of immediate CAUSE (Final disease or condition resulting in death)	lications that drused the dear only one cause on each line. ON E	on/A	ntar the mod	la of dying, auch	ast cardiac or respin	ratory arrest,	Appreximate interval Between Onaet and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT)	UENCE OF):					
MEDICAL	PART II. Other significant conditions con	ntributing to death but not re		a underlying	cause given in f	Part I. 24a. WAS AN / PERFORI	MED3	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO
PHYSICIAN:		SPITAL:	ОТІ	26. PL/	ACE OF DEATH (Che	ck only one)		
	1 VES 2 NO 1	Inpatient 2 ER/Outpatient 3 [28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJU WOF	IK7	3 Other (Specify) 28d, DESCRIBE HOW IN	JURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, form, street,		ES 2 NO	28t. LOCATION (Street or City or Town, State)	nd Number or Rurs	il Route Number,
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: One) MEDICAL EXAMINER: On	To the best of my knowledge, dear the best of examination end/or in	th occurred at ti	the time, date o	and place, end due to	o the ceuse(e) end men	ner ee atated.	o(e) and manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	M Zuni=	emi	71	99c. LICENSE NUM		294. DATE SIGNE	1
OT.	30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF OBATN (ITEM	27) (Type, Print)	Ter	UTOW	NAT	BA	1-2/28
	DEC - 8 '92	32. REGISTRAN'S BIGNATURE CHINA DAVIDAN-N	andell				118	
								DHMN-16 Rev 1/8



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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF QEATH		3. TIME OF OEATH					
	Sister Mary Agnes	BARRY				Nov. 18	3, 1992				
	Control of the Contro		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	ATNPLACE (State or Foreign			
	214-24-0413		36 YRS.			April 16,1		w York			
	9e. FACILITY NAME (If not Institution, give street			9b. CITY, YOWN	OR LOCATION OF D	PEATH	9c. COUNTY O	FDEATH			
DIRECTOR	Villa St. Michael			Emmits	burg,		Freder	ick			
3EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY			
ā	Maryland Frede	rick	Emn	itsburg	,			1 TYES 2 NO			
₹ I	10e. STREET AND NUMBER			10	. ZIP COOE		1	F WHAT COUNTRY?			
FUNERAL	333 South Seton Av	'enue . Was decedent ever in			21727		U.S.A				
BY	1 X Never Merried 2 Merried	FORCES? 1 YES	2 V NO	If yes, sp	ecify Cuben, Mexic	NIC ORIGIN? (Specify Ye en, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.			
	3 Widowed 4 Divorced	IF YES, GIVE WAR ON DA	II ES	1 U YES	2 X NO Speci	ry:	Sį	white			
	15. DECEDENT'S EDUCATI (Specify only highest grade com-	ON (pleted)	16e. DECEDENT'S L	ISUAL OCCUPATION done during me	ON ast of working	16b. KIND OF BU	SINESS/INDUSTR	Y			
9		ollege (1-4 or 5 +)	ille. Do NOT use	,							
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	lege 5+	Teache	r		Daughte AME (First, Middle, Melder	ers of C	harity			
				,							
BE	James Henry Barry 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Agnes Flynt Route Number, City or Tov					
2	Sister Camilla Har	ant				Emmitsbur		21727			
	28s. METHOD OF DISPOSITION 1 (V) Buriel 2 Cremation 3 Removal	20b	PLACE OF DISPOSI				CATION - City of				
	4 Donetion 5 Other (Specify)			OSEPH'S		EMMI	TSBURG.	MD. 21727			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE Chilas		22. NAME A	ND ADDRESS OF F		FUNERA	L HOME			
	John 111. x	sicio		210 W	. MAIN S	ST. EMMIT					
	23. PAPT i. Enter the diseases, Dr com shock, or heart failure. List	pilications that cause	the death. Do no	ot enter the mo	ode of dying, su	ch ss cardiac or resp	iratory srrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final	0 1 1	0 0	4 1		1-11	1 4	Onset and Death			
	disease or condition resulting in desth) - a. Violable Cutte Myocardish Sufaction										
	The same of the sa										
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										
CAT	If sny, lasding to immediate cause. Enter UNDERLYING										
Ē	CAUSE (Disease or injury that initiated events										
E	resulting in death) LAST (eccent hip fractive										
AL C	PART II. Other significant conditions c	ontributing to death b	ut not resulting in	the underlyin	g cause glyen in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
	Recent acut	MI with	the Ver	thica	lan Sta	MASH YES	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
	permanentpe	ecemate	- ins	ention	- and		- (4	OF DEATH?			
PHYSICIAN: MEDIC	conseste	ue hear	t sa	dure			-				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	26. P OTHER:	LACE OF OEATN (C	heck only one)					
YSI	1 VES 2 NO	☐ Inpetient 2 ☐ ER/Outp		4 X Nursing Nor		6 Other (Specify)					
	27. MANNER OF DEATN 1 X Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	20b. TIME	JRY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED				
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	- Al home, farm, at			261. LOCATION (Street	and Number or Ru	ral Route Number			
	4 Homicide 6 Could not be	building, etc. (Spec	cify)			City or Town, State)	,			
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of my know	ladge death occurre	d at the time, date	and place, and do	us to the course(s) and my	oner en stated				
F	(Check only one) 2 MEDICAL EXAMINER: C							se(e) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CHATTERER		1	11111	29c. LICENSE N			NED (Month, Day, Year)			
BE	Illa		10 Wal	(IVVI)	1 18	705	11/	18/92			
2	30. NAME AND ADDRESS OF PERSON WHO C			•		-	1				
	ALAN CARROLL, M.D.	S. SETON	AVE., EM	MITSBUR	G, MD. 2	21727					
	31. DATE FILED (Month, Day, Year) NOV 2 0 1992	32 REGISTRAR'S SIGN Julia Jai4dson	ATURE Rando PM								
	JCCI O WILLIAM	M TOWN									

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Charles Torrad State County of the County of

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J. BOX	sertificate
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DIVISION OF VITAL RECORDS,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate
5	OR
	7

52 WATER TREET
31. DATE FILED MOND TOWNS 1992

$\overline{}$	1 - STATE REGISTRAR		STATE OF MA	RYLAND	/ DEPARTI ERTIFIC	MENT OF I	HEALTH AND M	IENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First ROBE		. BAER					2. DATE OF DEATH DO NOV. 17,	1992	10:45 a.™	
	4. SOCIAL SECURITY NUM 277-05-2651		1 🔀 M 2 🗆 F	AGE (In yrs. 80	YRS.	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-21-191	.2	Onio	
NO.	9a. FACILITY NAME (If not institution, give street and number) 15322 Old Frederick Rd. BESIDENCE OF DECEMENT 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Frederick										
DIRECTOR	100. STATE Md.	10b. COUNTY	ederick			nitsbu				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL (100. STREET AND NUMBER 15322 01d		rick Rd.				on. ZIP CODE		10g. CITIZEN USA	OF WHAT COUNTRY?	
COMPLETED BY FUNI	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2		It yes, s		iC ORIGIN? (Specify Yea a, Puerto Rican, etc.)		RACE American Indian, Black, White, etc. Specify: White	
	(Specify or Elementary/Secondary	CEDENT'S EDUC hly highest grade (0-12)	CATION	16a.	DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during m	ION lost of working		USINESS/INDUSTRY		
	and the second second	7. FATHER'S NAME (First, Middle, Last) Herman Baer					Associated Press 18. MOTHER'S NAME (First, Middle, Melden Surname) Grace Burnside				
10 BE	19a. INFORMANT'S NAME						LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 22 Old Frederick Rd., Emmitsburg, Md. 21727				
	20a. METHOD OF DISPOSI 1	ion 3 🗆 Ram	oval from State	20b. PLA		TION (Name of co	emetery, crematory or	20c. LC	cation — city	or Town, State	
	21. SIGNATURE OF FUNER	AL SERVICE LIC	90	mer)	STAUL		RAL HOME, cyland 217		OX 1819	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Remark arms arms arms arms arms arms arms arms										
z	resulting in death)		DUE TO (O	deny	rest and heart failure insequence of: physenra zend stage lung clisecco insequence of:					1990 Topessa	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that injury that injury care injury that injury care injury that injury care injury that injury care injury that injury care injury that injury care injury that injury care injury that injury care injury that injury care i									2.	
CERTIF	that initiated events resulting in death) LA	mple	nediso	der)							
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Performed? 1 Yes 2 No OF								24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:		3 DOA	OTHER:	PLACE OF DEATH (Ch				
ВУ РНУ	2 Accident	Pending investigation	28a. DATE OF IN (Month, Day,	.92	10:47	AM 1	NJURY AT WORK? YES 2 NO	28d. DE\$CRIBE HOW			
9	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, off building, etc. (Specify) AT HOME.							100	D FREDER	COUNTY.	
) ha	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated from TS BURG. MD										
COMPLETE	(Check only										

TUURMOUT MODE 1788

Julia Saijdson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

		FOR STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H		NTAL HYGIENE REG. NO.	
		DARAH .	Sarah Jane BIS	SEK		DATE OF DEATH	3. TIME OF DEATH
pin		000 000 0100	SEX 6. AGE (In yrs. lest 73	YRS. MONTHS DAYS	HOURS MIN. 7.	uly5,1919	BATTHPLACE (State or Foreign Maryland
2, 3 should	NO B	Frederick Memorial			erick		ry of DEATH Frederick
W &	DIRECTOR	100. STATE 100. COUNTY Maryland Frede	rick	10c. CITY, TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 YES 2 NO
n. Insit permit	FUNERAL	10o. STREET AND NUMBER 5126 Jefferso	n Pike	.101.	ZIP CODE 21702	10g. CITIZ U . S	EN OF WHAT COUNTRY?
15-0020 ending physician. as the burial-transit	B	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2/2 INC IF YES, GIVE WAR OR DATES	If yes, spe	ENDENT OF HISPANIC Cocity Cuban, Mexican, Pro 2 XXVO Specify:		14. RACE — American Indian, Black, White, etc. Specify: White
use att	COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade com Elementary/Secondary (0-12) 11	pleted) (Give	EDENT'S USUAL OCCUPATION I kind of work done during most to NOT use retired.) [OMEMAKET	N It of working	166. KIND OF BUSINESS/INDO	
YLAND 2: by the hospital of the detached for at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) Daniel William	Castle			First, Middle, Melden Surname) irginia Brane	
MAR ob retained is 5 should in notified	10 B	190. INFORMANT'S NAME (Type/Print) Miss Mary Grace Ca	stle 196.	MAILING ADDRESS (Street of 10 Jefferso:	nd Number or Aurel Route n Pike, Fr	Number City or Town, State, Zip rederick, Mary	rland 21702
AORE, le 6 may be rector, page must be		20e METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		DDATE OF DISPOSITION (National National		OATE 20c. LOCATION — C	cown, state
BALTIMORE, our after death. Page 6 may be in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LICENS	M	Keen		ford P.A. Fur	neral Home Lck, Md. 21701
68760, executed within 24 hours at and completely filled in 0 burial, cremation, or enright mattic event, the medical	TION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	plications that capsed the dear only one cause on each line. SHE TO (OR AS A CONSEQUENCE TO (OR AS A	JENCE OF):	de of dying, such as	cardiac or respiratory arre	Approximata Interval Between Onset and Death
P. ath cottendial Hy	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d	OUE TO (OR AS A CONSECU	MARCE OF:	MIECTION		
DIVISION OF VITAL RECORDS, POR ATTENDING PHYSICIAN: The law requires that the death DIRECTOR: After this certificate has been signed by the atten hours after death with the State Dept. of Health and Mertal Item 28 is marked, or Item 23 shows any Injury, o	PHYSICIAN: MEDICAL C		Mus	sulting in the underlying	cause given in Par	1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F VITA SICIAN: The certificate h the State D to or Item	/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	OSPITAL: inpetient 2 ER/Outpetient 3	OTHER:	ACE OF DEATH (Check of 5 Residence 8		
ON OF V ING PHYSICIA After this certificath with the marked, or	BY PH	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		JRY AT 28- RK? ES 2 NO	1. DESCRIBE HOW INJURY OCC	URED
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h hours after death with the State of them 28 is marked, or them	8	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At hom building, etc. (Specify)	e, farm, street, factory, office	28	LOCATION (Street end Number of City or Town, State)	or Rural Route Number,
DIV THE HOSPITAL OR A THE FUNERAL DIREC filed within 72 hours	COMPLET	amal	t: To the best of my knowledge, deal on the basis of examination end/or in				
C To the Hospital To the Funeral I be filed within 72 h	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	MD		U 2859	29d. DATE	SIGNED (Month, Day, Year)
		MRRK P. CLARIW	SE Thomas J.	annim Pr	FREDERIC	KMD 217	102
		NOV 2 0 1992	32. REGISTRAR'S SIGNATURE Ficha Daydson-Rand	292			

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IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

	REGISTRAR		CERTII	FICATE C	F DEATH	RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle ast)					2. DATE OF D		-	3.	TIME OF DEATH	
	Margaret	Glover Bush	1			MONTH	DAY	79 YE	EAR	645011	
			(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF B	RTN /	10.	BIRTNPL	ACE (State or Foreign	
	235-56-38/6	1 M 2 F	72 YRS.	MONTHS DAY	8 HOURS MIN.	(Marith, Day	20/189	79	Country)	SIP. AA	
_	9e. FACILITY NAME (If not institution, give stre-	et end number) /	^	9b. CITY, TOW	N OR LOCATION OF	DEATN	/ 9c	COUNTY	OF DEAT	N 11/1	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT										
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
ā	Maryland Washir	naton	l H	agersto	wn				1,1	LIMITS?	
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g	CITIZEN		T COUNTRY?	
NER	522 Guilford Aver						SA				
5	1 Never Married 2 Merried	2. WAS DECEDENT EVER IF FORCES? 1 TYES	2 NO	It yes,	ECENDENT OF NISP/ apacify Cuban, Maxic	en, Puerto Ricen.	ecify Yee or No atc.)	14.	RACE - Black, W	American Indien, hite, etc.	
BY	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR D	ATES	101	YES 2 NO Spec	ify:			Specify: Whi	+0	
ETED	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'	S USUAL OCCUPA	ATION	165 KIND	OF BUSINES			re	
ET	(Specify only highest grade co		(Give kind of life. Do NOT	words done diving	most of working	100, KINL	OF BUSINES	S/INDUST	HY		
P	8	College (1-4 or 5+)	House	wife		НО	memake	n			
COMPL	17. FATHER'S NAME (First, Middle, Last)		nouse	WITC	18 MOTHER'S N	AME (First, Middle,					
	Urban Glover				- 1111	Cather		,	ı		
BE	19e. INFORMANT'S NAME (Type/Print)		195 MAILIN	G ADDRESS (Stee	et and Number or Rural						
5	Ralph A. Bush				n Circle					12	
	20g, METNOD OF DISPOSITION	20h									
	20b. PLACE AND DATE of Disposition 1 (X Burlei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE of Disposition (Name of Cemetery, crematory or other place) Fairview Lutheran Cemetery 11/20 Bolivar, WV									State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	TILATEM	22, NAME	AND ADDRESS OF F	Y 11/ZU	DOLL	var,	, WV		
	· R. 1 + 1	1		Eac	kles-Spen	cer Fun	eral H	ome			
175	Partient of	Speran		Har	pers Ferr	V. WV 2	5425				
	23. PART i. Enter the diseases, or cor shock, or heart fellure. Lie	npficetions that caused it only one cause on e	ths deeth. Do ech line.	not enter the	mode of dying, su	ch es cerdiec d	r respiratory	, arrest,		Approximete interval Between	
- 1	IMMEDIATE CAUSE (Final disease or condition									Onset and Death	
	resulting in death) a. Pur failing DUE TO (OR AS A CONSEQUENCE OF):										
	Philippan										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
AT	cause. Enter UNDERLYING										
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST	AST									
뜅	0.										
DICAL	PART II. Other eignificant conditions	ontributing to deeth be	ut not resulting	in the underly	ing ceuse given in	Part I. 24a.	WAS AN AUTOF	PSY		RE AUTOPSY FINDINGS ULABLE PRIOR TO	
8	Asur C	UM Semi	went	Mu			YES 2 AN	5	COI	MPLETION OF CAUSE DEATN?	
ME										YES 2 NO	
ÿ I											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. OTHER:	PLACE OF DEATH (C)	heck only one)					
YS	t YES 2 1-NO 1	☐ Inpatient 2 ☐ ER/Outp	atient 3 DOA	4 Nursing N	ome 5 Residence	8 Other (Spec	city)				
H	27. MANNER OF DEATH 1 1 Metural 5 Pending	(Month, Day, Year)	28b. T/A	JURY	NJURY AT WORK?	28d. DESCRIBE	NOW INJURY	OCCURE	D		
BY	2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term,	street, factory, of	fice	28t, LOCATION City or Town	(Street end Nur n, State)	nber or Ri	ural Route	Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best ot my knowl	edge, death occum	red at the time, d	ite end place, end due	to the ceuse(s)	and manner as	stated.			
S I	one) 2 MEDICAL EXAMINER;	On the basis of examination	end/or investigation	on, in my opinion	, death occured at the	time, date end p	lace, end due	the cas	use(s) end	f manner es stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d.	DATE SIG	NED (Moi	nth, Day, Year)	
0	V-PRAS				01801	9	•		189		
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)			1				
	VASAWT DATTA	, MD 331	1 MIL	. 4 5-7	MALERS-	TOWN,	no 2	(74	(0)		
	NOV 2 3 1992	37 REGISTRAR'S SIGNA	Tondell								
1	MOAS 9 1885	June surrason									

IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-		AT	E STF	RAF
1.	D	ECE	DEI	NT'S	N/

	1 - STATE REGISTRAR	OINIE OI III	CERTI	FICATE OF	DEATH	HU ME	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		74		DEAIT		DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH		
			VIOLET BIN				11 14	1	92	12:00 I		
	4. SOCIAL SECURITY NUMBER 577-84-0830	1 □ M 2 🔀 F	B. AGE (In yrs. last birthday 92 YRS.	MONTHS DAYS	HOURS 4	NAME OF TAXABLE PARTY.	DATE OF BIRTH (Month, Day, Year) 2-25-1900		a. BIRTHPLACE (State or Fore Country) Maryland			
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWH	OR LOCATION				NTY OF DE			
DIRECTOR	Citizens Nursing	Home		Freder					deri			
m l	10e. STATE 10b. COUNT	ſΥ	10c. C	ITY, TOWH OR LOCA	TION	_				10d. INSIDE CITY		
	Maryland Frede	erick	Fr	ederick						LIMITS?		
		ing Home		f. ZIP CODE			10a CITI		1 X YES 2 NO			
FUNERAL	Rosemont Avenue	roomo maro	Ing nome		21701			log. Of fi	U.S			
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED			HISPANIC	ORIGIN? (Specify Yes	or No.				
BY 1	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 NO	If yes, s	pecify Cuben, I	Mexicen, P Specify:	verto Rican, etc.)	OF 140-	Black, Specify	- American Indian, White, etc. White		
	15. DECEDENT'S EDU	JCATION	18e. DECEDENT	S USUAL OCCUPAT	ON		16b, KIND OF BUS	NESS (NO	HOTON	WILLE		
<u></u>	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	f work done during m use retired.)	ost of working		IOD, KIND OF BUSI	INESS/INU	USTHY			
ᆲ	8 years Homemaker											
COMPLETED												
	is. MOTHER'S NAME (First, Middle, Meiden Surname)											
H	George Commodore Pearre Sarah Sally Thompson 190. INFORMANT'S NAME (Type/Print) 190. MAN ING ADDRESS (Street and Market Street)											
2	196. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Charles Binsted 2568-G Ivy Road Charlottesville, Virginia 22901											
ı	20e. METHOD OF DISPOSITION	normal from State	20b. PLACE AND DATE	OF DISPOSITION (N			DATE 20c. LOC					
	Camellory or other place											
- 1	21. SIGNATURE OF SUNSPAL SERVICE LI	CEMBEE OR	1 /	22. NAME A	ND ADDRESS	OF FACILI	TY					
- 1	* Dodert	Spill	WY							DMES, P.A.		
⇥	23. PART I, Enter the diseases, ur	SERVICE MANAGEMENT	12/	1201	NORTH	MARK!	ET ST. FR	EDER	ICK,	MD 21701		
	ahock, or heart failure. List one cause on escaline. IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Use Color of Arrest DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
5	Sequentially list conditions. Arterio - xelevolec Carling secolar desease 154											
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	PART II. Other aignificant condition	as contributing to d	oth but not acquistne	In the conduct to								
MEDICAL		erfyliera) Vosoule			on in Pan	24a. WAS AN A PERFORM	NED?		VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO		
	05 km 0 0 05 F F F F F F F F F F F F F F F F				_							
THI SICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEAT	H (Check o	nnly one)					
2	1 VES 2 NO		R/Outpetient 3 🗆 DOA	4 Nursing Hon	e 5 🗆 Reelde	ence 8 🗆	Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF IN (Month, Day,			URY AT	286	S. DESCRIBE HOW IN.	JURY OCC	URED			
	1 Natural 5 Pending 2 Accident Investigation				rES 2 N	0						
	3 Suicide 8 Could not be determined	28e. PLACE DF I building, etc	NJURY — At home, farm, (Specify)	street, factory, offic		289	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of m	knowledge, death occur	red at the time, date	end place, en	d due to the	ne cause(e) end menn	er ee state	d.	and manner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIER											
2	Bernard W. Huerra 9 D1340g								17 G	Aonth, Day, Yeer)		
	30. NAME AND ADDRESS OF PERSON WH	V			1			0.5 =				
-	B. O. Thomas Jr M	32. REGISTRAR'S	LI MATKET	Street 1	rederi	LCK,	Maryland	2170)]			
	NOV 1 8 1992	1										

detach		once.
2		동
5 should	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Dage		be
director,		r must
funeral		examine
4	Ova	7
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/ fille	tion,	the
ompietely	II, crema	event,
and c	o buria	matic
ysician	prior	Trau
ng ph	giene	othe
Tendi	al Hy	0
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signer	lealth	22 20
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After	death	S mai
TOR:	after	28
REC	23	E

	TICOIOTTOTT			CL	-171111	ICALL	_ OF	DEA	111	REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	. ,	YEAR 3.	TIME OF DEATH
	Madelein		Maywood		LAME					December		92	5:50P M
	4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (In yrs. las	st birthday)			IF UNDER	7	7. DATE OF BIRTH (Month, Day, Year)	0.		ACE (State or Foreign
	212-38-5993	,	1 M 2 K F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		1910 M		and
	Sa. FACILITY NAME (If not in:	Sa. FACILITY NAME (If not institution, give street and number)						OR LOCATI	ON OF DE		9c. COUNTY		
S	Rt. 2, Box						0	aklar	nd		G	arre	tt
5	RESIDENCE OF DEC	EDENT										alle	
DIRECTOR	10a. STATE	10b. COUNTY			10c, CIT	TY, TOWN (OR LOCAT					10	d. INSIDE CITY
	MD		Gar	rett				(0akla	and		1	☐ YES 2 🔀 NO
¥	10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CITIZE	N OF WHA	AT COUNTRY?
FUNERAL	Rt. 2, B	ox 366	54	1.					215	550		US	A
5	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S. ARI	MED	13.	WAS DEC	CENDENT (OF HISPAN	NIC ORIGIN? (Specify Yes	or No- 14		American Indian, White, etc.
84	1 Never Married 2 🔯 I	0000	IF YES, GIVE V	MAR OR DATES	10			pecify Cuba 3 2 🔯 NO		in, Puerto Rican, etc.)		Specify:	
													White
		EDENT'S EDUC highest grade		16a. DE	CEDENT'S	Work done	CCUPATH	ON net of world	ina	16b, KIND OF BUS	SINESS/INDUS	TRY	
	Elementary/Secondary (0-		College (1-4 or 5	+)	Do NOT us	se retired.)	Maring III.	ost of worldr	20				
4			4		Teach	ner				Elemeni	tary &	Spe	cial Ed.
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) Teacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)										0-0-			
BE C	Charles		F	Hilleary				Son	phror	nia		Th	ompson
	19a. INFORMANT'S NAME (Ty	(pe/Print)			b. MAILING	ADDRES!	S (Street I			Route Number, City or Town	n. State, Zip Co	ode)	Olipson
2	Jannie M. Y	ilmaz								and, Maryla			
	20a. METHOD OF DISPOSITIO			20b. PLACE A	ANDDATE	OF DISPOS	SITION /Na		Jakie				
	1 Buriel 2 Cremation 4 Donation 6 Other	1 Burlet 2 Cremetion 3 Removal from State									C-3.44		
	4 Donation 6 Other (Specify) Fairsweep Cemetery 12/12 Oakland, Marylar 21. SIGNATURE OF FUNEIUAL SERVICE LICENSES 12. NAME AND ADDRESS OF FACILITY											yland	
	0.0	0 /	M. I							eral Home			
32 S. Second St., oakland, MD								MD :	21550				
	IMMEDIATE CAUSE (Fine	eart ranure. 1	complications the List only one cau	t caused the de	ath. Do r		^						Approximate Interval Between Onset and Death
	disease or condition resulting in death)	→	. 1/1	ptastas	tic	_	141	NON	oct v	c Cano	· No.	•	Months
	DUE TO (OR AS A CONSEQUENCE OF):										1		
z	Securately, the conditions of b.												
		If any, leading to immediate											
RTIFICATION	cause, Enter UNDERLYIN CAUSE (Disease or Injur	NG	c										
	that initiated events		DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
	resulting in death) LAST		d										
S	PART ii. Other significan	- condition	- contributing to	to set but not a		* 10 > 10							
EDICAL	PART II. Other enginion.	Il Condition	a continuiting to	deeth but not re	esuiting	in the un	derlying	g cause o	jiven in i	Part i. 24e. WAS AN A PERFOR		AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ă										1 TYES 2	™ NO		MPLETION OF CAUSE DEATH?
¥ I													YES 2 NO
<u>₹</u>	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	110000000					ACE OF D	EATH (Che	eck only one)			
PHYSICIAN:	1 YES 2 NO		HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER		10 5 X Ra	sidence	6 Other (Specify)			
Ē	27. MANNER OF DEATH		26a. DATE OF		26b. TIM	E OF	28c. INJ	JURY AT		28d. DESCRIBE HOW IN	JURY OCCUR	RED	
84		Pending nvestigation	(Month, D	lly, roar)	INJ	JURY		YES 2	NO				
	2 Calotet		26e. PLACE O	F INJURY — At hor	me, lerm,	straet, fact				281. LOCATION (Street a	nd Number or	Aurel Route	n Mumber
COMPLEIED		Could not be letermined	building,	etc. (Specify)						City or Town, State)	TO THOMES!	Piter er - Portion	P PUGITALIST,
4	29s. CERTIFIER . CO	The matter	1										
2	Check only CENTRY and PHYSICIAN the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.												
The basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									d manner as stated.				
	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	ENSE NUM	IBER	29d. DATE SI	IGNED (Mo	onth, Day, Year)
				1				D	2397	9	•	12/9	9/1992
- 1	30. HAME AND ADDRESS ON	PERSON WHO	O COMPLETED CAUS	SE OF DEATH (ITEN	4 27) (Type	, Print)						/ .	7.332
1	Dr. Robert	Goral	ski, MD	311 N.	Fou	rth	St.	Oak	1 and	, MD 2155	Ω		
1	31. DATE FILED (Month, Day, Ye	bar)	32 REGISTRA	R'S SIGNATURE		1	500,	Vari	Lanc	, 110 2100	U		
11	DEC 1	4 1992	Se Se	vidous - par									

N. C.

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,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	JAN: Th	rtificate	he State	or Herr
	3 PHYSIC	ir this ce	th with th	arked,
	TENDING	TOR: Afte	ifter deat	8 Is m
	L OR AT	DIRECT	hours a	Item 2
	HOSPITA	FUNERAL	within 72	ANT: IF
	THE I	THE I	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORT
				1111

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MER	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEI REG. NO			
9	1. DECEDENT'S NAME (First, Middle, Lest) Charles Warren BRUCE				2. DATE OF DEATH MONTH December 12, 1992 8:00a.m.				
	4. SOCIAL SECURITY NUMBER 034-01-0260 9a. FACILITY NAME (If not institution, give s	1 🔀 M 2 🗌 F	AGE (In yrs. lest birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) June 25,	1909 M	BIRTHPLACE (State or Foreign Country) assachusetts	
TOR	Cuppett-Weeks Nu			10.00	kland	EAIR	9c. COUNTY	arrett	
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MD Garrett Mt. Lake Pa							10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
	10e. STREET AND NUMBER 101. 28			ZIP CODE	0		OF WHAT COUNTRY?		
BY FUNERAL	P.O. BOX 2112 11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☑ Divorced	12. WAS DECEOENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	If yes, sp	2 155 ENDENT OF HISPA ecity Cuben, Mexic 2 X NO Speci	NIC ORIGIN? (Specify Young, Puerto Rican, etc.)		USA RACE — American Indian, Black, White, atc. Specify:	
	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	1			JSINESS/INDUST	White	
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) Edward Warre	n Bruc	LP N	urse	18. MOTHER'S N. Evelyt	AME (First, Middle, Mside		Ross	
TO BE	190. INFORMANT'S NAME (Type/Print) Donna Crabtree		19b. MAILING		and Number or Rural	Aoute Number, City or To	wn, State, Zip Coo		
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE cemetery, crematory or o	OF DISPOSITION (Na		DATE 20c. L	OCATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AN						
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OF	TIC BILIARY RAS A CONSEQUENCE O	F): F):	oma			2 mo	
AL CERTI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINON								
MEDIC						1 TYES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL:	Pinulantiant 2 5 000	OTHER:	ACE OF OEATH (C				
BY PHYS	27. MANNER OF GEATH 1 X Netural 5 Pending 2 Accident Investigation	OF CEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK?					6 () Other (Specify) 28d. OEŞCRIBE HOW INJURY OCCUREO		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)				281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,		
COMPLETED			knowledge, death occurrent					ouse(e) end menner ee stated.	
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE)			29c. LICENSE NUMBER D30035		MBER	29d. DATE SIGNED (Month, Day, Year) ▶ 12-12-92		
	Donald R. Richte 31. DATE FILED (Month, Day, Year)		t#7 Box 14		nd, MD 2	21550			
0	DEC 1 4 1992	. s. Serials	10. Am						

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3ALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the burial-transit perm
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

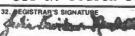
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF DEAT	Ή	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET MARY				2. DATE OF MONTH	DAY	YEAR 3. TIME OF OEATH		
DIRECTOR		BUTCHER				ber 11, 19			
	4. SOCIAL SECURITY NUMBER 175-01-2241	5. SEX 6.	AGE (In yrs. lest birthday) 75 YRS.	MONTHS DAYS HOURS	MIN. Sept.	Day, Year) 14 1917 F	e. BIRTHPLACE (State or Foreign Country) Cennsylvania		
	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATIO	N OF DEATH		TY OF DEATH		
	Garrett County Memorial Hospital Oakland Garrett								
E E	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY		
ā		rrett	Swa	nton		10			
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF W Rt. 2 Box 161K 21561 USA						EN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	EVER IN U.S. ARMED YES 2 X NO OR DATES	S 2 K NO If yes, specify Cuban, Maxica		Specify Yes or No— an, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White			
G	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	16b. K	IND OF BUSINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.) Secretary			acturing		
Ø.	17. FATHER'S NAME (First, Middle, Last)			18. MOTH	ER'S NAME (First, Mid		0		
BE C	John	Staplet		Mar	у	DeLo	ughery		
2	190. INFORMANT'S NAME (Type/Print) Nick Butcher		Rt. 2	ADDRESS (Street and Number of Box 161K		City or Town, State, Zip of Md. 21561	Code)		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O	F DISPOSITION (Name of	OATE	20c. LOCATION — C	Ity or Town, State		
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Garrett Me	morial Garde	ns 12/1	0akland	, Maryland			
	21, SIGNATURE OF INERAL SERVICE LI	CENSEE	M00167	22. NAME AND ADDRESS		P.O. Be	ox 243 d, Md. 21550		
	23. PART I. Enter the diseases, or	complications that c							
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sky	ke.				Interval Between Onset and Death		
z	OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
띮	CAUSE (Disease or Injury thet Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
ERI	resulting in death) LAST								
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS								
EDICAL					1	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
							1 UYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
Sic	EXAMINER? 1 YES 2 70 HOSPITAL: 1 Inputlant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify)								
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY 28b. TIME	OF 28c, INJURY AT		IBE HOW INJURY OCCU	IREO		
BY	1 Return 5 Pending 2 Accident Investigation			M 1 YES 2 NO					
	3 Suicide 4 Homicide Solution of the determined Solution of the determined Solution of the determined solution of the determin						r Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.								
BEC	29b. SIGNATURE AND TITLE OF				ISE NUMBER		SIGNED (Month, Day, Year)		
10 B	Toda Tull on			D3	19314	> (-	12/12/97		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Todd Tritch, M.D. 311 N. Fourth St. Oakland, Maryland 21550								
	Todd Tritch, M.D	311 N.	Fourth St.	Oakland.	Maryland	21550			



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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	4
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92 35769 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 07/3 ryan James 0 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 215-20-9250 66 Sa. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris Hospice DIRECTOR Towson, MD Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Westminster 1 XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 109 E. Main St 21157 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES 2 X NO Specify: 3 Widowed 4 Divorced 1943-47, 1948-52 White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 11 carpenter/mason construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Laverne Baust Ione Coe BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဝ Kenneth Baust 2129 Gablehammer Rd. Westminster, MD 21157 P 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Carroll Cremation Inc. 12/9 Hampstead, MD 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons examiner New Windsor, MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximate shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disesse or condition DUE TO (OH AS A CONSEQUENCE OF) resulting in death) injury, or other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY Item 23 shows any 1 TYES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 💢 Other (Specify) HOSPITAL: 1 YES 2 NO nt 2 - ER/Outpatient 3 - DOA 6 Hospice 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, 1 Natural Accident 5 Pending 1 YES 2 NO В TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR; After be filed within 72 hours after deal IMPORTANT; If Item 28 is m 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER 1 Chack ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

lexax

32. REGISTRAR'S SIGNATURE

who Daydon Randall

a

Carla S. Alexander,

31. DATE FILED (Month, Day, Year)

DEC 1 1 '92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D 27087

M.D. - Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

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DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 240-50rs after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DS,	it the de	by the	und Men	Injur
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	#E HOSF	IE FUNE	ed within	PRTANT
	10	TO T	be filt	IMP

3. TIME OF DEATH 12:15p_M 2. DATE OF DEATH MONTH 12/08/92 1. DECEDENT'S NAME (First, Middle, Last) YEAR Earl William Bungay 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 11709/07 050-07-0879 85 YRS. HOURS 1 M 2 - F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Center Severna Park Anne Arundel RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 106. COUNTINE Arundel 10c. CHY TOWN OR HOCATION 1 YES 2 NO 100. STREES 40 CHESnut Tree Drive 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21401 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES s, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 10 Specify: Specify: White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Consolidated Edison Estimator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Burgess Edward Bungay 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zio Code) 884 Chesnut Tree Drive Annapolis 21401 Mrs. Helen M. Bungay 20c. LOCATION — City or Town, State Catonsville, MD 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Metro Crematory 495 Ritchie Hwy. 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Barranco Funeral Home Severna Park MD 21146 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fallure. Liet only one ceuse Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition_ resulting In deeth) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not requiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, 3 Sulcide 8 Could not be 4 Homicide detarmined 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 26 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE DEC 1 0 1992

A.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFI	CATE OF	DEAT	Н	REG.	NO.		
8	1. DECEDENT'S NAME (First, Middle, Last)	0		-			:	2. DATE OF DEATH		3. TIME OF DEATH	
	EVELY	N CE	ECELIA	9 0	DARR	y		NOV .	30 19	92 6:15 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ies	st birthday)	IF UNDER 1 YEAR	IF UNDER 2	24 HRS	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign	
- 4	579-05-2186	1 🗌 M 2 🔀 F	83	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		VASHINGTON AC	
1 9	9a. FACILITY NAME (If not institution, give atr	reet and number)			9b. CITY, TOWN	OR LOCATIO	N OF DEAT		9c. COUNTY OF DEATH		
E C	4115-24th	PUE.		- 1	TEMI	DIE	411	15	TB1	NCE GEORGE	
DIRECTOR	RESIDENCE OF DECEDENT						777	20	1////	VEE GEORGE	
H	10a. STATE 10b. COUNTY		-	10c. CFTY	TOWN OR LOCA	TION	7			10d. INSIDE CITY LIMITS?	
	MID PRINC	LE GED	RGE	1/2	MPLE	- 4	1166	5		1 X YES 2 ND	
¥	10e. STREET AND NUMBER	Lh s			-10	H. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?	
ÿ	4115 24	"HUE.				20,	748	>	1 6	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FDRCES? 1			13. WAS DE	CENDENT OF	HISPANIC	ORIGIN? (Specify	Yes or No- 1	4. RACE — American Indian, Black, White, atc.	
ВУ	1 Never Married 2 Married 3 M Widowed 4 Divorced	IF YES, GIVE WA		10		B 2 X ND	Specify:	Puerto Rican, etc.		Specify:	
										WHITE	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATIDN completed)	16a. DE	CEDENT'S I	JSUAL OCCUPATI ork done during m retired.)	DN ost of working	7	16b. KIND OF	BUSINESS/INDU	STRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	11					1/	31 4 1999		
COMPLET	7:Fh		1770	DUSE	WIFE			170	ME		
8	17. FATHER'S NAME (First, Middle, Last)	7 000		M.		18. MOTH	ER'S NAME	(First, Middle, Mai	den Surname)	/	
8	CLAKENCE	ZACK	IRIA	PAT	TINGLY	SAI	RA	DLANG	CHE VI	ALLANDINGHAM	
0	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Spoot	and Number of	or Rural Rou	ite Number, City or	Town, State, Zip C	ode)	
-	MARY IHELMA ()	AVIS	- 4	1115-	247	IVE	1E	MPLEI	11265/	10 20748	
	20a, METHOD OF DISPOSITION 130 Burial 2 Cremellon 3 Ramo	val from Stala	20b. PLACE cemetery, cre	AND DATEO	FDISPOSITION (N	ame of		OATE 20c.	LOCATION - CI	ly or Town, Stata	
- 1	4 Donation 5 Other (Specify)	10000	15AC	RED	HEART	- CEM	E.	D	WHWA	OD MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	MATTINGLEY-GARDINER FUNERAL HOME LEGNARDTOWN 20050										
\neg	23. PART I. Enter the diseeses, or co	omplications that	caused the de	ath. Do no		JAR D7	O W/	o cording or re	anireton, array	it, Approximete	
- 1	snock, or heart failure. L	ist only one ceus	e on each line			, a c c c c c c c c c c c c c c c c c c	ig, saon s	in cordina or re	apriatory arres	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death	
ł	resulting in death)	Cancer	of lur	ng wit	h meta	stices	5				
		DOE 10 (U	A CONSE	JUENCE OF	:						
CERTIFICATION	Sequentially list conditions,	OUE TO (E	R AS A CONSEC	DIENCE DE							
A	if any, leading to immediate cause. Enter UNDERLYING	002 10 (0	III AS A CONSE	20ENCE DE	•						
윤	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEC	DUENCE OF	:						
E	resulting in death) LAST			,						İ	
핑	d.	·									
A	PART II. Other algoriticant conditions	contributing to d	eeth but not r	esulting ir	the underlying	g ceuse gl	ven in Pa	rt I. 24s. WAS	AN AUTOPSY FDRMED?	24b. WERE AUTOPSY FINDINGS	
DICAL							_		2 DE NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ij.										OF DEATH?	
9								-		10.00	
¥	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DE	ATH (Check	only one)			
PHYSICIAN: MEI		HOSPITAL:	ER/Outpetlant 3		OTHER:			Other (Specify)			
Ŧ	27. MANNER OF DEATH	26a. DATE OF IN	JURY	28b, TIME	OF 28c, IN	JURY AT		d. OESCRIBE HO	W INJURY OCCU	RED	
	1 Natural 5 Pending	(Month, Day,	Year)	INJU		YES 2					
BY	2 Accident Invastigation 3 Suicide 6 Could not be	ma, farm, st	reet, factory, offic		-	281. LOCATION (Street and Number or Rural Route Number.					
	4 Homicide determined	building, at	c. (Specify)					City or Town, St	eto)	The art of the control of the contro	
9 1	29a. CERTIFIER										
COMPLETED	(Check only CERTIFYING PHYSIC										
8	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE (29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)				
2	D-18545 12/1/1992								/1/1992		
	20. NAMY AND AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Philip Wisotsky, M.D. 6188 Oxon Hill Rd. Ste. 601, Oxon Hill, Md. 20745										
=											

his Savidson-Randell

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

@CDC.

DHMH-16 Rev 1/89

after death. Page 6 may be retained by the hosp	e funeral director, page 5 should be detached.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

92 35772 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIE!	4E 92	35/12			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		atius	Bowles	Sr.		December		2 3:40 P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (7. DATE OF BIRTH (Month, Day Year) June 10,	8. BIRTHPLACE (State or Foreign Country)							
	218-10-9451										
Œ					R LOCATION OF DI	EATH	9c. COUNTY				
DIRECTOR	St. Mary's Nursin	g Center		Leonard	town		St. M	lary's			
RE	10e. STATE 10b. COUNT			TOWN OR LOCAT				10d. INSIDE CITY			
		Mary's	Lec	onardto	wn			1 YES 2 XNO			
FUNERAL	10e. STREET AND NUMBER				ZIP CODE	-		OF WHAT COUNTRY?			
N	Rt. 1 Box 106-E	12. WAS DECEDENT EVER IN			20650		U.S.				
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, spe	city Cuben, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No 14.	RACE — American Indian, Black, White, etc.			
B	3 🖾 Widowed 4 🗌 Divorced	IF TES, GIVE WAR ON DA	AIES	1 TYES	2 NO Specif	y:	W	specify: hite			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	BUAL OCCUPATIO	N at of working	16b. KIND OF BU					
۳	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	life. Do NOT use n	etired.)		Home I	Builder				
Ř	17. FATHER'S NAME (First, Middle, Last)		Carpent	rer							
S	Dr. Ruther Igna	tius Bowles	5		Noema	ME (First, Middle, Melder Cather:		Stewart			
8	19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street or		Route Number, City or Tox					
2	John I. Bowles,	Jr.				ardtown, N					
	20s. METHOD OF DISPOSITION 1 Sp Burlel 2 Cremetion 3 Rem	20b.	PLACE AND DATE OF	DISPOSITION (Nat	me of	DATE 200.14	OCATION — CHY	or Town State			
	4 Donation 8 Other (Specify)	St	etery, cremetory or other output out	Cemete:	ry 12/	4/92 Moi	ganza,	Maryland			
	11. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650										
	23. PAHT I. Enter the diseases, or	complications that caused List only one cause on a	the deeth. Do not	enter the mod	de of dying, suc	h aa cerdiec or reep	iratory arrest	Approximate			
	IMMEDIATE CAUSE (Final							Onset and Death			
	disease or condition resulting in death)	BL CON C'C	Obstu	ctine	Julne	mary)	seere	1044			
		DUE TO (OR AS A	CONSEQUENCE OF):	1111							
CERTIFICATION	Sequentially list conditions,	DUE TO OR AS A	CONSEQUENCE OF):	each	4						
CAT	If any, leading to immediate cause. Enter UNDERLYING							4			
Ě	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
ER	resulting in death) LAST	d									
AL C	PART ii. Other aignificent condition	ns contributing to deeth be	ut not resulting in t	the underlying	ceuse given in	Pert i. 24a, WAS AF	AUTOPSY	24b, WERE AUTOPSY FINDINGS			
S	Parken	sous Dise	252			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						10 163	z jąc NO	OF DEATH?			
ä								7 8 160 2 8 110			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
YSI	1 TYES 2 NO	1 - Inpatient 2 - ER/Outpu		Nursing Home	5 Residence	8 Other (Specify)					
H	27. MANNER OF DEATH 1 Noture: 5 Pending	(Month, Day, Year)	28b. TIME O	Y WOF	RK?	284. DESCRIBE HOW	INJURY OCCUR	ED			
BY	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJURY	— At home form stre		ES 2 NO	284 LOCATION (Comme	and \$1	2-10			
COMPLETED	4 Homicide S Could not be determined	building, etc. (Speci	ify)	or, radioly, diffee		28t. LOCATION (Street City or Town, State)	tural Houte Number,			
LE	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge death occurred a	et the time date	and place, and due	An the sever(s) and m					
M		ER: On the basis of examination						ruse(s) end menner es stated.			
	290. SIGNATURE AND ZITLE OF CERTIFIES				29c. LICENSE NUM			GNED (Month, Day, Year)			
BE	1///	Jerun (O			DAL	280		02 = 9 L			
임	30, NAME AND ADDRESS OF PERSON WH				DOL						
	John F. Fenwick	, M.D. Lec	onardtown	, Maryl	and 206	50					
	31. DATE FILED (Month, Day, Year) DEC 04 '92	32. REGISTRAR'S SIGNA	dson-Randell	2							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an admit feath. Page 5 may be entained by the investigation of the physician. To THE PAREMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached by use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Here 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAH											13721000012-120000
Millard C		own					244704	TE OF DEATH DA NTH DA 12-3-9	2	YEAR	1925
4. SOCIAL SECURITY NUMBE	m	5. SEX	6. AGE (liv yrs. last b	virtiday) # UND	ER 1 YEAR	IF UNDER 24 HR	7. DAT	TE OF BUILTH		s. BIRTH	PLACE (State or Foreign
241-22-163		1 1 X M 2 □ F	91	YRS. WONTH		HOURS MI	_	10-25-01		COUNTY) NC	
Bo. FACILITY NAME (If not inst	and the same of	100000000000000000000000000000000000000		9EL CITY, TOWN OR LOCATION OF DEATH					Se. COUR	and the Contract of	cil
Union Hos		L/		Elkton Ce							CII
RESIDENCE OF DECI	10b, COUNTY	,		10c. CITY, TOWN	OBLOCA	THOM		77			10d. INSIDE CITY
MD	C	Cecil			Elkt		2 0				1 X YES 2 NO
10s. STREET AND NUMBER					10	H. ZIP CODE			10g. CITI		WHAT COUNTRY?
111 Land	ing I	ane				2192	L			USA	
11. MARITAL STATUS 1 Never Married 2 X 2 Widowed 4 Divor		FORCES7 1	NT EVER IN U.S. ARMI I ☐ YES 2X MO WAR ON DATES	2X MO If yes, specify Culters, Mexican, Puerto Ric						Black	- American Indian, k, White, etc. by White
15. DECEDENT'S EDUCATION				EDENT'S USUAL	OCCUPATI	ION	- 11	ISA. KIND OF BUS	SINESS/INC	DUSTRY	
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		Ainst of work don to NOT use retined					Table 1	904	
6	75		Pe	erry P	oint	t-Drug	pac	ker	GOV	vt.	
17. FATHER'S NAME (First, Mic	tille, Lesti					18. MOTHER'S	NAME (Fre	r. Atlonder Marchen	Samamai		
William	н. н	Brown				Vi	na E	lliott			
is. informant's name (%) Irene B. B								lkton,			921
20s. METHOD OF DISPOSITION 1 CXBurtal 2 Cramettor	3 D Hem	ovel from State	other place	0)		emetary, cramatory	ø	20c. LO	CATION -		
4 Donation B Other		NOW THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSO	Elkt	con Ce					Elkt	con,	MD 219
22. NAME AND ADDRESS OF FACILITY Gee Funeral Home, 259 E. Main Elkton, MD 21921 23. PART I. Enter the diseases, or complications that caused the death. Do not effer the mode of dying, such as cardiac or respiratory arrest,										in St.,	
23. PART I. Enter the direction of the IMMEDIATE CAUSE (Final disease or condition	art fallure.	complications the	at caused the deal	E	1kt	on, MD	21	921		rest,	Approximate Interval Betw Onset and De
shock, or he IMMEDIATE CAUSE (Fine	art fallure. al	B. DUE TO	at caused the dear use on each line.	ENCE OF):	1kt	on, MD	21	921		rest,	Interval Betw
shock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY/9 CAUSE (Olsease or Injur that inhibited events	art fallure. al bons, liste to to y r	B. DUE TO	O (OR AS A CONSEQUENCE OF CONTROL	ENCE OF:	1 kt c	on, MD ode of dying.	en ta	921 excline or respi	AUTOPSY		Interval Betw Onset and De Onset and De Onset and De Onset and De
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shock, or he immediate cause (Find disease or condition resulting in death) Sequentially list condition in the condition of	one, lete NG Y Services on Could not be letermined of CERTIFIE	B. DUE TO B. DUE TO C. DUE TO	O (OR AS A CONSEQUENCE OF INJURY Day, Next Of Search Searc	ENCE OF): ENCE OF): ENCE OF): ENCE OF): Suffling in the DOA 4 H 20b. Time: OF INJURY M a, form, street, fi	LK to pr the me	PLACE OF DEATH PLACE	in Part I. (Check only ce 6 0 0 286.1	921 ardiac or respi 24a, WAG AN PERFOR 1 YEB 2 OCATION (Street Table) OCATION (Street Table) Causes(s) and ma	AUTOPSY AND STATE OF	240 DOURED For Flurel sted.	Interval Betw Onset and De WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUT OF DEATH? 1 VES 2 NO Noute Number (a) and manner as state (b) and manner as state
Shock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the condition of th	ons, liste on the condition of	BLIAN: To the best of COMPLETED CAR	D (OR AS A CONSEQUED) O (OR AS A CONSEQUED)	ENCE OF): JENCE O	Likt (per the me Likt (per th	PLACE OF DEATH PLACE	in Part I. (Check only ce 6 0 0 26d. 1	921 ardiac or respi 24a. WAS AN PERFO 1 YES 2 OCATION (Street By or flown, Shale) cause(s) and ma liste and place, an	ALTOPSY RMED? RAUTOPSY RMED? ROUTE SE SEE SEE SEE SEE SEE SEE SEE SEE SE	COURED or Flurel the course of	Interval Betw Onset and De WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUT OF DEATH? 1 VES 2 NO Noute Number (a) and manner as state (b) and manner as state

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	D
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	N
L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	m 1. 2.3 s

•	FOR STATE REGISTRAR	STATE OF MARYLA		HEALTH AND F DEATH	MENTAL	HYGIENE REG. NO.
. 0	ECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH DAY
	Chimlan	77 i 20 or i .	 D	7 7	112	0.5

	1. DECEDENT'S NAME (First, Middle, Last)		CERTII	FICATE OF	DEATH	1	REG. NO.				
						MONTH	OF DEATH DA		3. TIME OF DEATH		
	Shirley		ginia	Brumme	1.1	12	0.5	1997	2 12:40 A		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month)	Day, Year)	8.	BIRTHPLACE (State or Foreig Country)		
	221-22-0332	1 🗆 M 2 🎘 F	56 YRS.		NOONS WIN.	50.00	ch27	1936	Caroline		
	9a. FACILITY NAME (If not institution, give st	treet and number)		96. CITY, TOWN	OR LOCATION OF	DEATH	/	Sc. COUNTY	OF DEATH		
8	111 Idlewild	Drive		Feder	oline						
DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1.00					-			
E 1	M== 1/2 / 0	10		TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?		
1	119 91911 QM	0/inc	Fe.	derals	berg				1 TYES 2 NO		
MA I	1// - //	1100		10	H. ZIP COOS			10g. CITIZE	OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FV	re.		2163	1		L /	15/7		
교	1 Never Married 2 Married	FORCES? 1	YES 2 ND	If yes, s	CENDENT OF HISPA pocify Cuban, Mexic	can, Puerto R		or No- 14.	RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	S 2 NO Spec	elfy:			Specify: B/GCA		
8	15. DECEDENT'S EDUC		16a. DECEDENT	S USUAL OCCUPATI	ION	16b.	KIND OF BUS	INESS/INDUS			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	f work done during m use retired.)	ost of working						
	11/2		Sune	rvisor	_		Solo	Cup	2 Co.		
СОМР	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			- 4	- /		
1 1	Hazelwood	Rickot	45		Revo	- 1	olde				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (Street	and Number or Rura	7 44			de) 2/63		
TO BE	Dovid To	man of	Brum Of	111-	Td la	110	- 20	Fola	46 h		
	20a. METHOD OF DISPOSITION	1 Ums o	20b. PLACE AND DATE	OF DISPOSITION /A	lame of	OATE	20¢, LO	CATION - CH	or Town, State		
	1 Buriel 2 Cremation 3 Remo	oval from State	cemetery, crematory or	other place!		1121	2.0-	Ro	1-1 md		
	21. SIGNATURE OF FUNERAL SERVICE LIG	exsta	Marylan		ND ADDRESS OF F	ACLUTY	5/1	rea	an, me		
	/5			196	nose.	Sm	1, TR	Tur	ut Has		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate										
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUENCE	OF):	क्रिकार	3>4	لما	0180	078		
		DUE TO (OR	AS A CONSEQUENCE	OF):							
CAL	PART II. Other significent condition	s contributing to dee	th but not resulting	In the underlylr	ng cause given in		24a. WAS AN PERFOR 1 VES 2	AREDA	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 10 ES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C	Check only one	9)				
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3 DOA	OTHER:	me 5 Residence	B Citter	(Specify)				
主	27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b. TI	ME OF 28c, IN	JURY AT	_		NJURY OCCUP	DEO .		
<u>ا</u> ا	1 Natural 5 Pending	(Month, Day, Y	Bar) IN		ORK? YES 2 NO						
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF IN	JURY — At home, farm,					nd Number or	Rural Route Number,		
8	4 Homicide determined	building, etc.	(Specify)				or Town, State)				
O BE COMPLETED BY PHYSICIAN: MED	2 MEDICAL EXAMINE				death occured at th	e time, deta			suse(a) and manner as state		
	286. SIGNATURE AND TITLE OF CERTIFIER	AD			29c. LICENSE NU			29d. DATE S	IGNED (Month, Day, Year)		
H H	/// ^ /										
TO BE 0	DE HAME AND ADDRESS OF PERSON WH	A) \XI	_		O.C.	M.E.			12/06/1992		

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		92-6966-003												_ (55115
	**	FOR STATE REGISTRAR		STATE OF	WARYLAND	/ DEPAR	RTMENT (OF H	DEA	AND I	MENTA	L HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, MI	iddle, Last)			<u>JEITITI</u>	IOAIL	OI.	DEA		2. DATE OF DEATH 3. TIME OF DEATH			3. TIME OF DEATH	
		Beverly			Ann		Bri.	le	y		12 07 1992 9:4			9:44 A. M	
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	YEAR DAYS	IF UNDER	24 HRS.	(Mon	OF BIRTH		8. BIRTHI Country	PLACE (State or Foreign
. 3		214-46-6440		1 M 2 F	45	YRS.					8-	18–194	7 Maryland		
1	7	FACILITY NAME (If not institu			5.0		96. CITY, TO			ON OF DE	ATH		9c. COUN		
t h		5380 Sands	S RO	ad, Lot	78	_	Lot	hi	an			~	An	ne /	Arundel
	H	M	Db. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?
bermil	Q/	Maryland 100. STREET AND NUMBER	Aı	nne Arun	del		Loth	7							1 YES 2 NO
芸	A	Lot 78 Patu	wont	Fatataa				101	. ZIP COD	€ 2071	1		10g. CITIZ	ZEN OF W	USA
physician. burfal-transit	COMPLETED BY FUNERAL	11. MARITAL STATUS	ixent	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. WA	S DEC				N? (Specify Yes	or No-	14. RACE	- American Indian,
		1 Never Married 2 Ma			YES 2 X	□но	If y	res, sp	2 NO	ın, Mexica	n, Puerto	Rican, etc.)		Black, Specifi	White, etc.
attending se as the		3 Widowed 4 XXDivorce			- Beau		1								White
or att		(Specify only his Elementary/Secondary (0-12)		completed)		(Give kind of life. Do NOT u	Work done duri se retired.)	ing mo	ON st of world	פר	164	. KIND OF BUS	HNESS/IND	USTRY	
500		8th	,	College (1-4 or 5	" τ	Jnemp1	oyed-V	Wai	tres	S		Res	taura	ant	
2 6 5 E	S S	17. FATHER'S NAME (First, Middl	le, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
ay be retained by page 5 should b	BE C		Thomas C. McDonald									iola O	_		
	٩	19e. INFORMANT'S NAME (Type										ber, City or Town			20612
		Helen M. Par	1771.2	_				-		000	1				20613
. Page 6 may be real director, page		1 Donation 5 Other (Sp	3 🗌 Remo	Removal from State 20b. PLACEANDDATEOF DISPOSITION (Name of cametery, crematory or other place) DATE 20c. LOCATION — City or To Cametery, crematory or other place) Metropolitan Crematory 12-10-92 Alexandri										, Virginia	
death. Page tuneral direct.	1	21. SIGNATURE OF FUNERAL S	EHVICELIC	ENSEE			22. NA	ME AN	ID ADDRE	SS OF FAC	CILITY				
ter death. Page 6 m the funeral director, wal.		16001	lule,				org 50	e r. Oxon	Hil	as r 1 Rd	. Oxon	Hill	Ĺ, Mo	1. 20745	
rs at rem rem													Approximate interval Between		
y filled ly tition, or the me		THOUSAID											Onset and Death		
uted within 24 h completely filled rial, cremation, c		resulting in death)	• 1	l	(OR AS A CONS	SEQUENCE O	F)-								
executed within and completely to burial, cremati	z														
e be execut sician and c vior to buris traumatic	CATION	Sequentially list condition if any, leading to immedia	te	DUE TO	(OR AS A CONS										
e phy	2	cause. Enter UNDERLYING CAUSE (Disease or injury	` ₹ ∘	OUE TO	(OR AS A CONS	SECULENCE O	OUENCE OF):								
ding typie	ERTIFI	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									i				
death dental H	S	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. W													
that the ned by the the ward M	정	PART II. Other eigninicant	condition	contributing to	death but no	t reculting	in the unde	rlying	ceuse !	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
lires the signed dealth	EDICA										_	1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
w requires been signi rt. of Healt	₹ 7											/			1 NES 2 NO
V: The law icate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	IEDICAL					26. PL	ACE OF D	EATH (Che	ock only o	ne)			
SICIAN: The certificate I the State I, or Item	YSI	1 YES 2 NO		HOSPITAL:		3 🗆 DOA	OTHER:	g Hom	5 1 R	sidence	8 🗆 Othe	er (Specify)			
를 물를 들	РНУ	27. MANNER OF DEATH 1 Netural 5 Pen	nding	28a, DATE Of (Month, I		28b. TIM	JURY	WO	URY AT	¬	28d. DE	SCRIBE HOW II	JURY OCC	URED	
After to death	BY	2 Accident Inve	estigation	28e, PLACE C	OF INJURY — At	home, farm,			ES 2	_ NO	281. LOC	CATION (Street o	nd Number	or Rural Pr	nuto Number
CTOR: after	TED	_ 0 _ 000	uld not be ermined	building,	etc. (Specify)							or Town, State)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	COMPLETE	29a. CERTIFIER 1 CERTIFY	ING PHYSIC	CIAN: To the best of	my knowledge,	death occurr	ed at the time	o, date	end place	, and due	to the ca	use(e) end men	ner as state	rd.	
HOSPITAL FUNERAL Within 72	<u>∑</u>	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the one) MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, one)													end manner se stated,
TO THE HOSPI TO THE FUNEF Be filed within	ш	296 SIGNATURE AND TITLE OF		29c. LICENSE NUMB								(Month, Day, Year)			
5 5 3 W	TO B	1XM Dolle [] W					O.C.M.E. ► 12/08/1992					3/1992			
		MARIO F	and L	COMPLETED CALL	MD11	H (ITEM 27) (Type, Print) 11 Penn Street, Baltimore, Maryland 21201					3 21201				
		31. DATE FILED (Month) Day You	7 199		R'S CIGNATURE				- /			/			
	1)			1 1/											

		1 - STATE REGISTRAR	STATE OF MA					EALTH DEAT		MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			TIME OF DEATH
		IDA LEE	BRITTI	NGHAM						11 3		9 2	8:55 P.W
		Contract of the Contract of Contract	5. SEX 6.	. AGE (In yrs. lest b	irthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
Pinc		212-10-22/9	1 M 2 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	08 13 1	902		vland
shou	~	9a. FACILITY NAME (If not institution, give stre	et and number)			96. CITY	, TOWN O	R LOCATH	ON OF DE	ATH	9c. COUNT		
MI	ECTOR	SALISHIRY NURSING & REI	HABILITATIO	N CENTER		SA	LISE	JRY			WIC	COMIC	0
2	EC	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				10	d. INSIDE CITY
t. Pages	DIR	Marvland Wic	omico		0	ali	shur	٠.٧				1	LIMITS?
permit.	A	10e. STREET AND NUMBER	OHITCO			all		ZIP CODE	=		10g. CITIZE		T COUNTRY?
Si.	65	Salisbury Nursi	na & Re	hah. C	on t	er		218	∩ 1			S	
or attending physician.	FUN	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARME		13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Ye	or No- 14		American Indian, fhits, etc.
e phy	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					2 NO		, Puerto Rican, etc.)		Specify:	Thita, etc.
215-0020 attending physic use as the burial	0		7.01	T								Whit	e
2121 2121 Il or att	ETEI	15. DECEDENT'S EDUCA (Specify only highest grade oc	ompleted)	16a. DECE (Give	kind of	work done	CCUPATIO	N st of workin	g	16b. KIND OF BU	SINESS/INDUS	TRY	
ed fo		Elementary/Secondary (0-12)	College (1-4 or 5+)										
the hospital detached	COMPL	17. FATHER'S NAME (First, Middle, Last)			nus	ewi	re.	18. MOTE	ER'S NA	ME (First, Middle, Maiden	Sumamal	_	
8 E	<u>u</u>	James Warwi	ck							ah Dodso			
C 2 3 2	00	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19b. I	AAILING	ADDRES	S (Street as			loute Number, City or Tox		ode)	
2 2 2	2	Mrs. Thelma L.	Corbett	1 16	55	Shar	nroc	k D	rive	e, Salist	nurv.	Md.	21801
		20a. MEPHOD OF DISPOSITION 1 Description 2 Cremation 3 Remove		20b. PLACE AN	DATE	OF OISPOS					CATION — CIT		
E 9 2 -	1	4 Donation 5 Other (Specify)		Pars (ory or o	ther place;	nete	ry_		12/4 Sa.	lisbu	rv.	Md.
ALTIMG death, Page tuneral direct,		21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE	4			NAME AN	O ADDRES		YTUR			
BALT after death. by the funera moval. ical exami		Hinman Funeral Home Princess Anne, Md. 21853											
by the control of the		23. PART I/Enter the diseases, or co	mplications that c	aused the deet		not enter	the mod	de of dyl	ng, such	as cardiac or resp	ratory arres	5 <i>5</i> t.	Approximate
S S S E		shock, or heart failure. Lie iMMEDIATE CAUSE (Final	st only one ceuse	on each line.				Strong Sec				.,	Interval Between Onset and Death
- >= =		disease or condition resulting in death)											
ompletely of crematic event, t	ı	resoluting in death) , ii.	DUE TO (OR AS A CONSEQUENCE OF):										
	Z	Conventially list conditions (b.	stelly list conditions, S. Meyer 2' 10 coace7.										
X . 5 - 5	CERTIFICATION	if any, leading to immediate	DUE TO (OF	R AS A CONSEDU	ENCE O	F):							
icate by physicia e prior	5	CAUSE (Disease or injury	DHE TO (OI	R AS A CONSEQU	THOS O								
certifica ding phy sygiene	Ē	that initiated events resulting in death) LAST	DOE 10 (OF	H AS A CONSEQUI	ENCE U	r):							
DS, P.O. Bo he death certificate the attending physi Mental Hygiene pri njury, or other th	B	d.,											
E & E & E	CAL	PART ii. Other aignificant conditions	contributing to de	eth but not res	ulting	in the ur	derlying	cause g	jiven in l	Part I. 24a. WAS AN			RE AUTOPSY FINDINGS AILABLE PRIOR TO
J = 8 = 8										1 YES 2		CC	MPLETION OF CAUSE DEATH?
w requires that been signed I pt. of Health a	MEDI												YES 2 NO
AL K te law re- has beer Dept. of													
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)			
SICIAN: The certificate the State	YSI	1 TES 2 NO	I Inpetient 2 E		DOA			5 🗆 Re	sidence (5 ☐ Other (Specify)			
This can with the with the distriction		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,		6b. TIM IN.	URY	28c. INJU WOI	PIC?		28d. DESCRIBE HOW	NJURY OCCUI	RED	
DING PHYS After this of death with	B	2 Accident Investigation	200 01 405 05 11	N SI IPOV. AND IN	4	M		ES 2	NO				
DIVISION DIRECTOR: After bours after death from 28 is ma	8	3 Suicide 6 Could not be 4 Hornicide datermined	building, etc	NJURY — At home c. (Specify)	, ferm,	street, fact	ory, office			281. LOCATION (Street : City or Town, State)	and Number or	Rural Rout	e Number,
- 4 4 5 5	COMPLET	29a. CERTIFIER											
Z Z Z Z	M M	(Check only											emperite union
HOSPI TUNE Within	8	2 MEDICAL EXAMINER	On the basis of exam	nination and/or inv	atigatio	n, in my o	pinion, de	eath occur	ed at the t	lime, data and place, ar	d dua to the d	ause(s) en	d manner as stated.
TO THE HOSPITAL D TO THE FUNERAL D De flod within 72 ho IMPORTANT: If IN	BE	296. BIGNATURE AND TITLE OF OUTTINER						29c. LICE	NSE NUM	BER S	29d. DATE S	IGNED (M	onth, Day, Year)
2 2 2 €	2	30 NAME AND ADDRESS OF BERSON WILL	COMPLETED OWNER	OF 05 1711 # 1711				1	29	397	1	0/2	192
l	Ī	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 2	77) (Type	Print)	./ 1/	1	1 /V	. D	~ /	1.	0
	H	31. DATE FILED (Month, Day, Year)	JODIA S	MIL		110	4 H	EAI	140	VAY UP	+ S/	7/,	SBURY
		ner 3 '92	32. REGISTRAR'S	S SIGNATURE	moles	2				, , ,			′
		UEL -) 32	1		_								

DHMH-16 Rev 1/89

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th	IMPORTANT: If Item 28 is marked, o

	1 - FOR STATE REGISTRAR	STATE OF I				F HEALTH		MENTAL HYGI		92	35777
	1. OECEDENT'S NAME (First, Mid	iole, Last) Trivil	ZESKZ					2. DATE OF DEATH MONTH NOV. 18	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 398-10-4714	5. SEX	6. AGE (In yrs. le	YRS.	#F UNDER 1 Y	EAR F UND	MIN.	7. DATE OF BIRTH		Country	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institute Howard Countries of December 1981)	unty General	Hospita		olumbi		АТН		nty of or Oward		
DIRECTOR		Howard					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10a. STREET AND NUMBER 6334 CE	edar Lane				101. ZIP COI 2104			10g. CIT	USA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE Y	IT EVER IN U.S. A X YES 2 MAR OR DATES W II	RMEO NO	If ye		en, Mexice	IIC ORIGIN? (Specify n, Puerlo Rican, etc.)		14. RACE Black, Specify Whi	
COMPLETED		NT'S EDUCATION thest grade completed) College (1-4 or 5	+)	Give kind of a. Do NOT u	se retired.)	PATION ng most of work Engine			BUSINESS/INC		ont.
BE COM	17. FATHER'S NAME (First, Middle, Phi.	Lip W. Czesk		<u> </u>	1041		THER'S NA	ME (First, Middle, Mail Olga Kno)	den Surname)	SI IIIIC	
TO B	190. INFORMANT'S NAME (Typo) Phyllis Doyc	,	11					S Vegas,		9107	
	20er METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donetion 5 Other (Spe	nctfy)	20b. PLACE cemetery, or HOW	ematory or C		Cemete		DATE 20c.	Location –	City or Tow	n, State ler, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus									Md. 2	20872
	23. PART I. Enter the disession of heart iMMEDIATE CAUSE (Final disease or condition resulting in death)	fellure. List only one car	use on each lin	a.			ying, suct	h ss cardisc or re	spiretory srr	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. VEN	Tricela	A CONSEQUENCE OF: A CONSEQUENCE OF: Celas TACKGCANGA A CONSEQUENCE OF:							Otys SucroEd.
Å.	PART II. Other significent c	d	death but not	resulting	In tha under	lying ceuse	given in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC											COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
ВУ	2 Accident Inves	1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation 28. PLACE OF INJURY — Al home, farm, street, fectory, office 28. LOCATION (Street and Number or R.									oute Number,
COMPLETED	4 Homicide determined City or Town, State) 29s. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.										
BE	29b. SIGNATURE AND TITLE OF		xamination end/or	astion end/or investigation, in my opinion, death occurred at the					JMBER 29d. DATE SIGN		
2	30. NAME AND ADDRESS OF PER	RSON WHO COMPLETED CAU	SE OF DEATH (ITE	14 27) /Tvne	Print)				1		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

11055 32 REGISTRAN'S SIGNATURE
Julia Day Soon-Rindon

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	0 1	30			2. DATE	OF DEATH		YFAR	3. TIME OF	DEATH
KDOICR J.	Lulver				12	05	1992		11	30/AH
4. SOCIAL SEQURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTHE	LACE (State	or Foreign
215-12-6058	1 M 2 F	78 YRS.	NTHS DAYS	HOURS MIN.	0.7		914		vlar	d
9a. FACILITY NAME (If not institution, give			a. CITY, TOWN	OR LOCATION OF DE	0 /	22 12	9c. COUN			I.G
Manokin Manor	Nursing H	ome	Prince	ess Anni	е	2 -	Sc	omer	set	
10a. STATE 10b. COUNT	TY .	100	OWN OR LOCA						10d. INSIDE	17
	nerset	P		ss Anne					1 YES	-
100. STREET AND NUMBER 11974 Edgehil	1 Terrace		10	1. ZIP CODE 21853			10g. CITIZ		HAT COUNT	RY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED		CENDENT OF HISPAN			or No-	14. RACE	- America White, atc.	n Indian,
1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxica 2 NO Specify		Hican, alc.)		Specif		
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATI	ON	18b	. KIND OF BU	SINESS/INDL		TIP.	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	c done during m etired.)	ost of working						
8		Pair	ter							
17. FATHER'S NAME (First, Middle, Last)			. 501	18. MOTHER'S NA	ME (First, I	Middle, Malden	Sumame)			
Woodland F	. Culver			Lena		ward				
19a. INFORMANT'S NAME (Type/Print)	. CUIVEI	19b, MAILING AT	DRESS (Street	and Number or Rural i			n. State 7in	Code1		
per consideration of the second	D 01								M ~	01057
Mr. William 20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSITI		Road.	<u> </u>		CATION — C			41022
1 Buriel 2 Cremetion 3 Ren	noval from State	other place)								
4 Donation 5 Other (Specify)	ICENSEE	riendshi		Cemeter ND ADDRESS OF FA		<u>l Ed</u>	en, l	Mary	/land	
21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE		Hin	man Fur	era					
Jam J M	m-	M00295		ncess A						
23. PART Enter the diseases, or ahock, or heert failure	List only one cause on o	each line.	enter the me				iratory erre	981,	Inter	oximate val Between et and Death
disease or condition	metast	the 1	ing	Can	re	1			1 2	m
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF)	1							
Sequentielly list conditions,	bDUE TO (OR AS	A CONSEQUENCE OF):	0						-	
If any, leading to immediate cause. Enter UNDERLYING		Od. of a control of the control of t								
CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):							+	
resulting in death) LAST									ļ	
	d								+	
PART II. Other eignificant condition	ons contributing to death	but not resulting in	the underlyir	g ceuse given in	Part I.	24a. WAS AN		24b.	WERE AUTO	PSY FINDINGS
						1 TYES				N OF CAUSE
									1 YES	
				<u> </u>						:-
25. WAS CASE REFERRED TO MEDICAL	1		. 28 5	LACE OF DEATH (Ch	eck only a	ne)				
EXAMINER?	HOSPITAL:	0	THER:							
1 YES 2 NO	1 Inpatient 2 ER/Out	tpatient 3 DOA 4		me 5 Residenca	_	SCRIBE HOW	IN INDV ACC	HIDED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	260. TIME C	Y W	JURY AT ORK? YES 2 NO	zed. UE	QURIDE NUW		WHED		
3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, streecify)	et, factory, offi	CO	281. LOC City	CATION (Street or Town, State	and Number	or Rural R	loute Numbe	e,
29a. CERTIFIER (Check only	SICIAN: To the best of my know	wledge, death occurred	at the time, dat	e and place, and due	to the ca	use(a) and ma	nner as state	ed.	:	
anal	HER: On the basis of examinati	on and/or investigation,	in my opinion,	death occured at the	time, det	a and place, a	nd due to the	a cause(s) and mann	er as stated.
29b. SIGNATURE AND TITLE OF CHITIF	W C	DAAA.		29c. LICENSE NU	MBER	10			(Month, Day	
0	ami	1000		125	21	7	> /	12-	-7-	12
30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rint)			·				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		· · · · · · · · · · · · · · · · · · ·						
- 100		doon Randall								
DEC - 7 '92	June view	The same								

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be for the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit.

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	fler feath. Page 6 may be retained by the hospital or attending physical funeral director, page 5 should be detached for use as the buriational.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	OI	F DEAT	TH		REG NO

1 - STATE REGISTRAR	STATE OF MARYL	CERTIFIC			MENTAL HYGIEN		
1. DECEMENT'S NAME (First, Middle, Las	"RACHEL CHISH	oth			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-24-3805	1 ☐ M 2 ဩ F	68 YRS.	HONOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) MAY 7 192	.4 MA	BIRTHPLACE (State or Foreign Country) ARYLAND
98. FACILITY NAME (If not institution, given the second of		91	ANNAP	OLIS	ATH	ANNE	ARUNDEL
	E ARUNDEL		POLIS	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1242 CREEK DRIV				21403		U.S.A.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2XXNO	If yes, sp	ENDENT OF HISPAN scify Cuban, Mexicar 2 NO Specify.	IC ORIGIN? (Specify Yen, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re CLER	done during mo stired.)	ON st of working	STATE ODIVISIO	F MARYI	AND INCOME
17. FATHER'S NAME (First, Middle, Last)		- OHER		18. MOTHER'S NAM	ME (First, Middle, Maider		
FRANK MATTHEWS 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	SADIE I	ANE bute Number, City or Tox	un State Zin Coo	41
JOYCE CHISHOLM				IVE ANNAF		21403	~)
20e, METHOD OF DISPOSITION 1 🖾 Surial 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)		PLACE AND DATE OF DEPLOY OF OTHER LLL CREST	DISPOSITION (Na	me of	OATE 20c. LC	NNAPOL	
21. SIGNATURE OF FUNERAL SERVICE	Reed		REESE 821 WES	ST ST. AN	MORTUARY,	MD. 214	401
23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	s	tha dasth. Do not ach lina.	enter the mo	da of dying, such	ss cardiac or resp	liratory srrest,	Approximate interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to on Asi	CONSEQUENCE OF): CONSEQUENCE OF):	litus	parthy	SpMI During	, S/P	CABG
	. senere	replien	V as		F 1. 3		
PART II. Other significant condition	ons contributing to death b	ut not resulting in t	he underlying	g ceuse given in i	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH Cho	ck only one)		
1 YES 21 NO	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY		☐ Nursing Hom	5 (1) Residence			
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 V	RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
3 Suicide 8 Could not b 4 Homicide datermined	28s. PLACE OF INJURY building, atc. (Spec	— Al home, farm, atree	rt, factory, office		28f. LOCATION (Street City or Town, State)	and Number or R	urel Route Number,
	SICIAN: To the best of my know NER: On the basis of examinatio						use(s) and manner as stated.
29b. SKINATARE AND TITLE OF CERTIF		all no	9	29c. LICENSE NUM			SNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	Hall, M	D (20	10 W	est St	, Anney	polis p	ud-
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			7	77 - 8	

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CHANELLE RENAE CEPHAS 06 PM 4:49 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-21-6682 1 🗆 M 2 💢 F 88 08-01 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR DORCHESTER GENERAL HOSPITAL CAMBRIDGE DORCHESTER 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ambridge YES 2 NO 10e. STREET AND NUM 10g. CITIZEN OF 101. ZIP CODE WHAT COUNTRY? 8-2 Reel 5, 161 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) BE 2 20b. PLACE AND DATE OF DISPOSITION (No Reids GROVE, MD netion 5 Other/Specify 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HENRY FUNCROL 10-23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feliure. List only one ceuse on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition Smoke inhalation resulting in death) DUE TO (OR AS A CONSEQUENCE OF): COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 | NO 1 YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2X ER/Outpetient 3 | DOA OTHER: 1 XYES 2 NO 5 GResidence 6 GOther (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 12/06/92 4:00P 1 YES 2 X NO VICTUM OF HOUSE FIRE 2 Accident
3 Suicide 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide HOME 1108 LOCUST STREET 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 N MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER
Wright MD BE 29d. DATE SIGNED (Month, Day, Year) 12/07/92 O.C.M.E 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT, M.D. 32. REGISTRAN'S SIGNATURE Handall Street, Baltimore, Maryland 21201 31. DATE FILED (Month Day,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH	LV.	YEAR	3. TIME OF DEATH
Neva Eugenia								MONTH 2	05	199	2	6:40 P M
4. SOCIAL SECURITY NUMBER 236-54-9452	5. SEX	6. AGE (In yrs. I	VDQ A		DAYS	IF UNDER	24 HRS.	7. DATE OF E (Month, De	y. Year)		Counti	
9a. FACILITY NAME (If not institution, give a		70			9	22		09/29	9/22	1		anton, MD
Garrett County Mer		spital		Oak1	an	d, Ma	ry1	and			rett	
10a. STATE 10b. COUNT	Y		T 10c, CITY.	TOWN OR	1 OCA	TION						10d. INSIDE CITY
West Virginia Pre	eston			Terra								LIMITS?
Highland Ave, Lo	ot #7					26764				10g. CIT	US	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 27 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 3	ARMED	II y	res, sp	ENDENT Of Cube 2 NO	n, Mexica	NIC ORIGIN? (S on, Puerto Ricar y:	pecify Yes	or No-	Black	E - American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. f	DECEDENT'S U	SUAL OCC	UPATIO	ON of working		16b. KIN	D OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5 +	+) "	mer nui	retired.)			v	Нот	pemor	nt St	ate	Hospital
17. FATHER'S NAME (First, Middle, Last)		120.	HET HE	136 5	и.	_	IER'S NA	ME (First, Middle	- Maidea	Cumama)		
Walter Stewart	t					F1	ore	nce Ste	ewar	t		
19a. INFORMANT'S NAME (Type/Print) Wilbert G DeWitt	+	1						Route Number, C				6764
20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Rem			EANDDATEOF	FDISPOSITI	ON (Na	me of	. 11/	, Terra		CATION -		
4 Donation 6 Other (Specify)		- Cemetery, c	rra Alt						Te	rra A	Alta,	, WV
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	. 1	_	1,110,000		NO ADDRES		cum right l	Fune	ral E	Iome	
Cothur K	J. WR	ight	5	1105	H:	ighla	ind	Ave. Te	erra	Alta	I. WY	26764
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	use on each lin	na.			de of dyl	ng, suc	h as cerdiac	or respi	ratory an	reat,	Approximata Interval Between Onset and Daath 8 days
	DUE TO	(OR AS A CONS	EQUENCE OF):	:								
Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	b	(OR AS A CONSI	EOUENCE OF):	:								
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSI	EOUENCE OF):	:								
DART II. Other standflood and distant	A 15- A1											
PART II. Other algorificent condition Arterioscleroti								3	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Diabetes Mellit	us						-	'	YES 2	NO		OF DEATH?
smoker/hypoxemi	.a											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Ch	eck only one)				
1 YES 2 NO	HOSPITAL:	_ ER/Outpatient		OTHER:	g Hom	e 5 🗆 Re	sidence	6 Other (Spi	ecity)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, De		26b. TIME (RY	WO	URY AT PRK?	NO	28d. DESCRIE	BE HOW II	NJURY OC	CURED	
3 Suicide 6 Could not be determined	26e. PLACE Of building,	OF INJURY — At h , etc. (Specify)	home, farm, str	eet, factory	, offic	•		281. LOCATION City or Tox	N (Street a wn, State)	and Number	or Rural F	Poute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI 2 MEDICAL EXAMINE												i) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	/					29c. LICE	NSE NUM	ABER		29d. DAT	2./	(Month, Day, Year)
Dr. Thomas Johnso					h S	St O	ak1s	and, Md	215	550		
31. DATE FILED (Month, Day, Year)	32. PEGISTRA	AR'S SIGNATURE		Jul			UKLC	ilu, ri	41.	,,,,,		
DEC 1 4 29	R John	Barrie Barrie	-									

FOR STATE 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEF	TIFIC	AIE	UF	DEA	I H		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Myrtle Rower Den					on					2. DATE OF DEATH DAY 11/29/1992			YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBE	Bowen													3:45 P. M
217-64-8732	:M	5. SEX	6. AGE (In)	yrs. laal bi		ONTHS C	YEAR DAYS	HOURS	MIN.	7. DATE OF (Month, D Mar 2	BIRTN Pay, Year)	901	Count	HPLACE (State or Foreign ny) TVland
90. FACILITY NAME (If not ins	titution, give s	treet and number)			-	h CITY TO	OWN C	R LOCATI	ON OF DE				INTY OF D	
Bayside Nur	sing	,			- 1			ton :					. Ma	
RESIDENCE OF DEC														
Maryland	St.	Mary's		1	10c. CITY, 1 HO]	DOWN OR								10d. INSIDE CITY LIMITS? 1 YES 2X NO
10e. STREET AND NUMBER							101	. ZIP CODE		_		40- 00		WHAT COUNTRY?
P.O. Box 143				2063					.S.A					
11. MARITAL STATUS		12. WAS DECEDEN			D	13. WA	S OEC	ENDENT C	OF NISPAN	IC ORIGIN?	Specify Yes	or No-	14. RACI	E American Indien,
1 Never Merried 2 1 1 3 Wildowed 4 Divor		FORCES?				lf y	res, sp	2 KMO	n, Mexica Specify	n, Puerto Rici	en, etc.)		Spec	k, White, etc.
15. OECE	DENT'S EOU	CATION	10	6a. DECE	DENT'S US	UAL OCCI	UPATIC	ON		16b. KI	ND OF BUS	HNESS/IN	DUSTRY	
Elementary/Secondary (0-8th Grade		College (1-4 or 5	+)		kind of work NOT use n SEW11		ing mo	st of workir	ng		Home			
17. FATNER'S NAME (First, Mic	idle Lest)							40 1407	15000 ALA	AAE 451 A41-4				
	Wrigh	t Si	mons						nnie	ME (First, Mide	Mari		Bow	en
19a. INFORMANT'S NAME (Ty	pe/Print)			19b. N	IAILING AD	ODRESS (S	Street a	nd Number	or Aural I	Route Number,	City or Town	n, State, Zi	p Code)	
Myrtle Louis		nke		P.0	о . Вс	ox 14	13,	Hol	l_ywo	od, Ma	aryla	nd	2063	6
20a. METHOD OF DISPOSITION 1 Sp Burlet 2 Cremation 4 Donation 6 Other (3 🗆 Reme	oval from State	comete	any comme	ory or other	nlegal			12	/D /92			City or To	wn, State Maryland
21. SIGNATURE OF FUNERAL	SERVICE LIC			J1164	<u>u</u> <u>C</u>	22. NA	ME AN	ID ADDRES	SS OF FA	CILITY				
Michael	7.>	Gardin	er)											e, P.A. land 20650
IMMEDIATE CAUSE (Fine disease or condition	art fallure. I	List only ona cau	sa on aaci	h lina.		antar th	a mo	da of dyl	ing, suci	h as cardla	or respi	ratory sr	rest,	Approximats Interval Between Onset and Dasth
resulting in death)		OUE TO	(OR AS A C	ONSEOUE	NCE OF	16		1000	. X	CAE				
		. 20												
Sequentially list condition if any, lasding to immed	lata		(OR AS A C											
cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events		DUE TO	(OR AS A CO	ONSEOUE	NCE OF):									
resulting in death) LAST		d												
PART II. Other significan	t condition	s contributing to	death but	not res	altino in t	the unde	et dia e		due to	Deat La				
Train and and and and and and and and and an	CONDICION	o contributing to	Gaatti Düt	not rest	nung in i	ine unda	iriying	g cause g	givan in	Part I. 24	PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
										- 1	YES 2	X NO		OF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL						28 DI	ACE OF D	FATN ML	ock only one)				
EXAMINER?		HOSPITAL:	ER/Outpation	ent 3 🗆	DOA 4	THER:				6 Other (S	pecify)			
27. MANNER OF OEATH		28e. DATE OF (Month, D	INJURY	2	8b. TIME O	F 28	c. thui	URY AT		28d. DESCR		JURY OC	CURED	
1 Netural 5 P	ending restigation	(MONIN, L	ay, rear)		INJUN			RK? /ES 2 [NO					
3 Sudalda	ould not be	28e. PLACE C	F INJURY -	At home,	ferm, etre-	et, factory	, office			28f. LOCATH	DN (Street e	nd Numbe	r or Rural F	Route Number,
	stermined	bullaing,	atc. (Specify)							City or 1	own, State)			
		CIAN: To the bast of R: On the basis of a												end manner se stated.
290. SIGNATURE AND TITLE			1/11	16			Т		NSE NUM					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 17) (Ty						D33470				•	Ad. DATE SIGNED (Month, Dgy, Ybar)			
30. NAME AND ADDRESS OF Bhaskar Jha					n (Type, Pri rdtov		Var			0650				
31. DATE FILEO (Month, Day, Y		32 REGISTRA				,		7						
NOV 3 O	94	Graha De	Widson-	Marila										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2.15

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Deat, of Heath and Mental Hydiere prior in burial cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the future of the filed within 72 hours after death with the State Deor, of Health and Mental Hydlere prior to buntal, cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other i	

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

25. WAS CASE REFERRED TO MEDICAL

5 Pending Investigation

6 Could not be determined

1 XYES 2 NO

27. MANHER OF DEATH

1 Netural 2 Accident

3 Suicide

4 Homicide

BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I	MAHYL			CATE				MENT	AL HYGIEN REG. NO	_	92	3	010)
1. DECEDENT'S NAME (First	Middle, Last)								-		E OF DEATH	401		3. TIME	OF DEATH	-
Jeanette		Agnes			Γ	Dyson				MOI	wember	ΑΥ 2.2	1992	11	•48 A	
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE	(In yrs. lest b		IF UNDER 1 Y		IF UNDER		7. DAT	E OF BIRTH	40,	8. BIRTH	PLACE (S	tate or Foreign	_
220-16-5009	В	1 🗆 M 2 🖳 🗲	_	74	YRS.	MONTHS D.	AYS F	HOURS	MIN.		nth, Day, Year)	1918	Countr	» rvla:	nd	
9e. FACILITY NAME (If not in	stitution, give a	treet and number)				96. CITY, TO	WN OR	LOCAT	ION OF DI		10,		NTY OF D		IIC	_
St. Mary's	Hospit	al				Leor	nard	tow	m			St	. Ma:	ry's		
10a, STATE	10b. COUNTY	1		8	10c. CITY,	TOWN OR L	OCATIO	N.						10d. INS	IDE CITY	-
Maryland	St. 1	Mary's			Dr	ayder	1								S 2 NO	
10e. STREET AND NUMBER			-			7	7	IP COD	E			10g. CIT	IZEN OF W			_
Box 69							2	063	Λ				.S.A.			
11. MARITAL STATUS		12. WAS DECEDEN	T EVER	N U.S. ARME	D	13. WAS	DECEN	DENT (OF HISPAN	IIC ORIC	IN? (Specify Ye				can Indian	_
1 Never Married 2 🔀		FORCES? 1				If yo	YES 2	fy Cubi	in, Mexica	n, Puert	o Rican, etc.)		Black Speci		ican Indian, iic.	
3 Widowed 4 Divo	rced							77.0	op out				Blac			
15. DEC (Specify only	EDENT'S EDU	CATION completed)		16a. DECE	DENT'S U	JSUAL OCCU	PATION	of world	200	1	Sb. KIND OF BU	SINESS/INI	DUSTRY			
Elementary/Secondary (0		College (1-4 or 5	+)	life. Do	NOT use	retired.)	ng most i	OF WORKS	19							
8th Grade					Hou	sewif	e				Home					
17. FATHER'S NAME (First, M	iddle, Last)						1	IS, MOT	HER'S NA	ME (First	, Middle, Maiden	Sumame)				_
Walter			Law	rence				C	hari	tv			Mas	con		
19a. INFORMANT'S NAME (7	ype/Print)		•	19b. 8	AAILING A	ADDRESS (S	treet and				mber, City or Tow	n, State, Zij				-
James H. Dys	son				P.O.	Box	69.	Dr	avde	n. N	Marvlan	d 20	0630			
20a. METHOD OF DISPOSIT 1 🔀 Burial 2 □ Crematio		and town State		. PLACE AND	DATEO	FDISPOSITIO						CATION -		wn, Stata		-
4 Donation 6 Dother		OVER FROM State	_ cen	netery, crema Charle	tory or oth ⊇S m	emori	al (Gard	dens		I.e	onard	7towr) Ma	arvlan	~
21. SIGNATURE OF FUNERA	el of	Laro	lin	ev		Mat	ME AND	gle	y-Ga	rdi	ner Fur	eral	Home	e, P	.A.	
23. PART I/Enter the di shock, or h	senses, or c	complications that List only one ceu	t caused se on e	d the deeth	. Do no	ot enter the	mode	of dy	ing, suc	h as ca	rdiac or resp	iratory an	rest,	Ap	proximata ervai Batwee	
IMMEDIATE CAUSE (Findiseese or condition	ini	Q _a	1	1 1					1	-		_		< On:	set and Das	rth
resulting in death)	→	1/2	Up.	かりし	e	My.	UC	445	AIN	u	Iw.	ARC	110	U		
		DUE TO	(OR AS A	A CONSEQUE	NCE OF)	: •										
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju	diete NG	DUE TO	(OR AS A	A CONSEQUE	ENCE OF)	:										_
that initiated events resulting in death) LAS		DUE TO	(OR AS A	CONSEQUE	NCE OF)	:										
PART II. Other significe	nt condition	s contributing to	death b	ut not res	ulting in	the under	lying c	ause (given in	Part i.	24a. WAS AN PERFOR	RMED?	24b.	AVAILABLE	TOPSY FINDING E PRIOR TO TON OF CAUSE	
												47			2 🗍 NO	

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated.

DOA

28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

26b. TIME OF

2 MEDICAL EXAMINER: On the basts of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Draw D

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

OTHER:
4 □ Nursing Home 6 □ Rasidance 6 □ Other (Specify)

28c, INJURY AT WORK?
1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William D. Boyd, II, M.D.

HOSPITAL:

Leonardtown, Maryland 31. DATE FILED (MONTH, Day, Year)

1 Inpatient 2 ER/Outpatient 3 I

28a. DATE OF INJURY (Month, Day, Year)

32. REGISTRAR'S SIGNATURE ulia Davidson-Randall

DHMH-18 Rev 1/89

35783

92

92 25783

Commercial Commercial

7

and the state of t

were the said

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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With	nplet	Cren	veni
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at th	3	and	y In
s th	ned	E	9
quire	n Sig	He	OW
N Te	peg	F. 0	8
6 13	has	Per	1 23
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CIA	ertifi	the	0
HYS!	nis c	E.	ed,
G P	er th	A LE	nart
Š	. Aff	de	8
TE	FIGH	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28
OR A	J.H.E.	OULS	E
A	AL C	12 h	=
Spl	INER	thin	Ä
E H	DY 3	d wi	E
프	五〇	file	AP0
H	F	Z	=

REGISTRAR		CERTIFIC	ATE OF DE	ATH	REG. NO.		
1. OECEDENT'S NAME (First, Middle, Las	" Henry	Chay Danis	1son		2. DATE OF DEATH	VEAR	3. TIME OF DEATH
Manuelso	x),	Wenre	1		12-6	- 92	3:50 pM
4. SOCIAL SECURITY NUMBER 577-09-2509	5. SEX 6. A		UNDER I YEAR FUN	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	7. DATE OF BIRTH (Month, Day, Year)	Cour	HPLACE (State or Foreign try) Tyland
9a. FACILITY NAME (If not institution, gw. RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NUNSING	Center"	CITY, TOWN OR LOC	ATION OF DEAT	ta	9c. COUNTY OF	
10e. STATE 10b. COU	NTY (10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
	arles		Indian Hea			10- CITITEN OF	LIMITS? 1 YES 2 NO WHAT COUNTRY?
10. STREET AND NUMBER 11 Jonquil Plac 11. MARITAL STATUS 11. MARITAL STATUS				0640		U.S.	
3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 1 IF YES, GIVE WAR C	YES 2 XNO	13. WAS DECENDEN If yea, specify Co	iben, Mexican,	ORIGIN? (Specify Yes- Puerto Rican, etc.)	Ble	E - American Indian, ok, White, etc. city: White
15. DECEDENT'S E (Specify only highest gri	DUCATION ide completed)	16e. DECEDENT'S US	UAL OCCUPATION done during most of wo	rkina	16b. KIND OF BUS	NESS/INDUSTRY	***************************************
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		_{ema.)} 1 Engineer		U.S. G	overnmer	nt.
17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Meiden S		
Fredrick Dani	elson			Augus	sta Johans	on	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Num		ute Number, City or Town		
Gary Danielson		Star	Rt. 2, Bo	x 2125	, LaPlata	, Md. 20	0646
20a_METHOD OF DISPOSITION 1	movel from State	20b. PLACE AND DATE OF E cemetery, cremetory or other Trinity Mem	nlacel	long 1		ATION City or 1	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	II III CY MEII	22. NAME AND ADD	RESS OF FACIL	LITY	dorr, Mc	l.
1 Weeks	Willes		Williams			ndian U	ead, Md. 206
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted eventa resulting in death) LAST	b. OUE TO (OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	Disc.				Onset and Death
PART II. Other significent conditions to the condition of	ona contributing to dea	th but not resulting in t	he underlying caus	e given in Pa	PERFORM 1 VES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			DEATH (Check	k only one)		
1 TYES 2 NO	1 Inpetient 2 ER/	Outpetient 3 DOA	THER: Nursing Home 5	Realdence 6	Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		WORK? M 1 YES 2	1	REG. DESCRIBE HOW IN	JURY OCCURED	
	28e PLACE OF IN.	IURY — Al home, ferm, stree (Specify)	et, factory, office	2	281. LOCATION (Street an City or Town, Stelle)	d Number or Rural	Route Number,
	/SICIAN: To the best of my in NER: On the basic of exemin						a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	tellal	Con)]	CENSE NUMB	man A	29d. DATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	nt)				
DEC 0 9 92	32. HEGISTHAN B.	HONATURE MANGELLE					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Ib filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

1. DECEDENT'S NAME (First, Middle, &	3.5	F Dont			2. DATE OF DEATH	9	*92 1926
4. SOCIAL SECURITY NUMBER	Clyde s. sex s	F. Dayt	(w) If UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
213-24-0605	1 <u>10 m 2 □ F</u>	72 YR	B. MONTHS DAYS	HOURS MIN.	OCT. 27,1	920	MARYLAND
96. FACILITY NAME (If not institution,) DORCHESTER GENT RESIDENCE OF DECEDEN'	ERAL HOSPITA	L	SAL CITY, TOWN CAMBRI	OR LOCATION OF D	DEATH	1000	TY OF DEATH CHESTER
10a. STATE 10b. CO		10c.	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
MARYLAND DOI	RCHESTER		CAMBRIDGE				1 (X) YES 2 HO
901 CENTRAL AVI	ENUE	14	10	21613		1000	EN OF WHAT COUNTRY? SA
11. MARITAL STATUS 1 Naver Married 2 Married 3 Widnesed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR 1938 - 19	OR DATES	If yes, o	DENDENT OF HISPA Hecity Cuben, Mexic 1 2 NHO Spec	UNIC ORIGIN? (Specify Yesen, Puerto Ricen, etc.) Ny:	e or Ma	14. RACE — American Indian, Black, White, stc. Specify: WHITE
15. DECEDENT'S (Specify only highest) Elementary/Secondary (0-12) 10		(Give kind Ms. Do AC	T'S USUAL OCCUPATI of work done during in "use selfed."	ost of working	STATE 1		
17. FATHER'S NAME (First, Middle, Last CARL GRAY)				AME (First, Mickel, Malcher H MARIE DA'	Committee to the committee of	
EDDIE A. DAYTON					AMBRIDGE, 1		613
20s. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Cl 4 C Donation 5 C Other (Specify)	Removal from State		TEOFDISPOSITION (N		A 10 TO 10 T	BRIDG	ity or Town, State E , MD
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE SEA	Der	ZELLE	ND ADDRESS OF F	The second second second	6 MAI	N STREET
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OIL DIVE TO (OIL C. DIV. JUIT	dehydrati As a consequence As a consequence as a consequence as a consequence as a consequence	eofi: evere 50 / (eofi:		- depydeats	ton-se	Verte
resulting in death) LAST	d. Pneumo	monia	spiratory	_7 CA110			
PART II. Other aignificent cond		eth but not regulti	ng in the underlyin	g ceuse given li	1 Part i. 24a, WAS AF PERFO 1 : YES	RMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only one)		
1 TYES 2 NO	28e. DATE OF IN.	R/Outpetient 3 DO	A 4 I Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)	IN ILIDY AAA	IDEO
1/2 Netural 8 Pending	(Month, Day,	Ybar)	INJURY WO	YES 2 NO	28d. DESCRIBE HOW	mJUHY OCCL	JREU
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF II	NJURY — At home, fer	W.F.		281. LOCATION (Street City or Town, State	end Number o	v Rural Route Number,
	HYSICIAN: To the best of my				n to the cause(e) end me		d. cause(e) end manner en stated
296 SIGNATURE AND SPILE OF CERT		1		29c. LICENSE NL			SIGNED (Month, Day, Year)
Warsen	after	Model)	H43	598	D 11	/29/92
30. NAME AND ADDRESS OF PERSON Dr. Reynolds	Dorchest	of Death (ITEM 27) (I er General	Nos. Print) 1. Hospita:	L Cam	bridge, MD	21613	3
31. DATE FILED (Month, Day, Year)							



FOR STATE REGISTRAR
1. DECEDENT'S NAM
4. SOCIAL SECURIT
225-05
9a. FACILITY NAME
Shady Gr
RESIDENCE O
10a. STATE
Maryland
10e. STREET AND N
14
11. MARITAL STATUS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

-	TEGISTIAN			CHIII	CALL	_ 01	DEA	111	REG. N	U.		
ij.	1. DECEDENT'S NAME (First, Middle, Last)	Harvey	Boyd	Edg	e				2. DATE OF DEATH MONTH NOV. 20	DAY 199	YEAR	8:52 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	asl birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
٠,	225-05-1814	1 M 2 🗆 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. II,	1911	Country)	anada
- 8	9a. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN	OR LOCATI	ON OF DE			INTY OF DE	ATH
NO I	Shady Grove Adven	tist Hos	pital		R	ockv	ille			M	ontgo	mery
[]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			T								
FUNERAL DIRECTOR		arroll		10c. CIT	Y, TOWN (int A	liry				10d, INSIDE CITY LIMITS? 1 YES 2 A NO
₹	10e. STREET AND NUMBER					101	ZIP COD	E		10g. CIT	IZEN OF W	AT COUNTRY?
5 I	4302 Elm I	r.					2	2177]	L		USA	A
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify)	es or No-	14. RACE - Black	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V					2 A NO					White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18e. D	ECEDENT'S	USUAL O	CCUPATIO	ON set of working	20	16b. KIND OF B	USINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	Bi	b. Do NOT u	se retired.)	ouring inc	at or works	79				
A P	12			Cler	gyma	n			Chur	ch of	f God	
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTI		ME (First, Middle, Maide	,		
BE	Charles I	incoln E							rgaret Har			
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or 16			
	Sidney P. Robert	son		HC 60), Bo	x 20	073,	Fort	Valley,	Virg:	inia	22652
	20s. METHOD OF DISPOSITION 120 Burlal 2 Cremation 3 Remains 4 Denation 5 Other (Specify)	oval from State	20b. PLACE Cometery, or Natio	e and date	of disposithar place)	ial	Park	11/	DATE 20c. 1	Falls	City or Tow	rch, Va.
į.	21. SIGNATURE OF FUNERAL SERVICE LIC					NAME A	ND ADDRE	SS OF FA	CILITY			
	Dlin L.	Molesn	nth						esworth, I Rd., Dama		. Md.	20872
	23. PART i. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	My (use on each lin	ie. 1 L	forc			ing, suci	h as cardiec or res	piratory ar	rest,	Approximate interval Between Onset and Death
z		5	(OR AS A CONSI									
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	EOUENCE O	F):							
2	CAUSE (Disease or injury)lol_ (
CERTIFICATION	that initiated events resulting in daeth) LAST	DUE TO	(OR AS A CONS	EOUENCE O	F):							
剪		d										-
	PART II. Other significent condition		deeth but not	resulting	in the ur	deriyin	g cause g	given in	Part i. 24s. WAS A	N AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL	Adoha	1 09							1 TYES	2 NONO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										(1	OF DEATH?
≥												
₹	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF D	EATH (Che	eck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		e 5 □ Re	sidence	6 Other (Specify)			
PHYSICIAN:	27, MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, L	rwy, rear)	IN.	JURY		RK? YES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE C	OF INJURY - At h	ome, farm,	street, fact	ory, offic			281. LOCATION (Stree		r or Rural Ro	ute Number,
	4 Homicide determined	ounding,	ate: (opocity)						City or Town, Stat	9)		
1 2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	leeth occurr	ed at the t	lme, date	end place	, and due	to the cause(s) and m	enner se ets	ted.	
COMPLETED	2 MEDICAL EXAMINE	R: On the beals of a										and manner as stated.
BE (296. SIGNATURE AND LITTLE OF CERTIFIER		1				29c. LICI	ENSE NUN	MBER			Month, Day, Year)
D 0	AWard	- 111.0					37	195		N	ov. 2	0, 1992
-	Alan B. Kra					g The	C	Ormo:	ntown Md			
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	AR'S SIGNATURE	ndelle	001	701	# , U	OT HIST	illowit, rid	•		
- 1	31. DATE FILED (MONTH), Day, 1347) 1992	grina to	mason-1	.,,-								

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artificate has been signed by the attending physician and completely filled in by the funeral director	h the State Dept. of Health and Mental Hygiene prior to burial,
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the att	Menta
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signed	Health
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cert	the
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STATE OF MARYLAND / DEPARTMI	ENT OF	HEALTH AND	MENTAL	HYGIENE
CERTIFICA	TE OF	DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY				EALTH AN	ID ME	ENTAL HYGIENE REG. NO.		
- 6	1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEATH	/ YE	3. TIME OF DEATH
	Kenneth Bruce							11 16	9:	2 7:17 AM
	214-10-4058	5. SEX 6. AG	E (In yrs. lest birth	RS. MONT	INDER 1 YEAR THE DAYS	IF UNDER 24 H		(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		80 7		CITY, TOWN O	PR LOCATION O	DE DEAT	12/25/11	9c. COUNTY	est Virginia
OR	Frederick Memor	ial Hospita	1	- 1	reder					erick
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				WN OR LOCAT				1100	10d. INSIDE CITY
DIR	Maryland Wash	nington	100		/ille	ion.				LIMITS?
A	10e. STREET AND NUMBER			MIOXI		. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	19331 Garretts					21758				USA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 X NO		If yes, sp	ecity Cuben, M	exican, f	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES		1 TYES	2 NO S	pecify:			White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(Give kin	d of work d	AL OCCUPATION	N st of working		166. KIND OF BUS	INESS/INDUST	
=	Elementary/Secondary (0-12)	College (1-4 or 5+)		OT use retir						
OM	17. FATHER'S NAME (First, Middle, Last)		Lond	uctor		18. MOTHER'	S NAME	Railroa		
BEC	Ernest Linwood	l Edwards						Viola Adam		
07 B	19a. INFORMANT'S NAME (Type/Print)					nd Number or R	tural Rou	ite Number, City or Town	, State, Zip Coo	·
-	Vivian E. Hughe						et -	- Brunswic		
	20a, METHOD OF DISPOSITION 1	noval from State	ROB. PLACE AND O	ATE OF DIS	SPOSITION (Na lace) Hoigh	me of ts Cam		11/18 BY	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DI OWIISV	1116	22. NAME AN	P ADDRESS O	F FACIL	Funeral	OWIISV	IIIe, MD
	DI. #4	Some						er Funeral , WV 25425		
	23. PART i. Enter the diseases, or	complications that caus	sed the death.	Do not e	nter the mo	de of dying,	such a	na cardiac or respir	atory arrest	, Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each line.							Onset and Death
	disease or condition resulting in death)	. Preum.	S A CONSEQUEN							Iday
										2
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. COPUA DOE TO (OR A	B A CONSEQUENCE	CE OF):						2110
SA	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Cerebro	vascul	ar a	ccide	nt a	iph	Swallo dysfu	wing	2 mo
E	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUEN	CE OF);				dysfu	notion	n
E										
ÄL	PART ii. Other significant condition	ns contributing to death	but not result	ting in the	e underlying	g ceuse give	n in Pa	rt i. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC	Hypertension	, diabe	tes m	elli	tus,			_ 1 _ YES 2	Ø NO ∶	OF DEATH?
	_ apression							-		1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH	1 (Check	only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1, inpatient 2 ER/O	utpatient 3 🗆 Di		HER: Nursing Hom	e 5 🗆 Reside	nce 6 [Other (Specify)		
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b	. TIME OF		RK?	- 1	8d. DESCRIBE HOW IN	JURY OCCUR	ED
B≺	2 Accident Investigation	28e. PLACE OF INJU	RY — At home to	erm street		rES 2 NO	_	61. LOCATION (Street ar	ad Number on 6	Charact Character Management
ED	3 Sulcide 6 Could not be 4 Homicide datermined	building, etc. (S	pecify)		, ractory, office	•	1	City or Town, State)	IC NUMBER OF F	nors none nomber,
PLE	290. CERTIFIER (Check only	ICIAN: To the best of my kn	owledge, death or	coursed at 1	the time, date	end place, and	due to	the cause(s) and men	ner as stated.	-
COMPLET										suse(s) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	R S/C - A	10			29c. LICENSE	NUMBE	5R	29d. DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	OEATH (ITEM 27)	(Type, Print))	De)20	1/5	- 1	114/42
	Kathleen Stern	MD 61		th A	the B	runsi	vick	t Md	2171	6
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE							
لــــا	MOAT 0 1885	0	(Annda Pille		_	-				DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE OF		HTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Last) BENJAMIN T. EVANS	2. 0 M	DATE OF DEATH DAY	1992	3. TIME OF DEATH 3:15 P. M
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) If UNDER 1 YEAR	IF UNDER 24 HRS. 7, D	DATE OF BIRTH	8. BII	RTHPLACE (State or Foreign ountry)
218-12-1462 1 1 M 2 - F 84 YRS. MONTHS DAYS	HOURS MIN. FE	Month, Day, Year) 2b. 15, 1	COOL	aryland
	OR LOCATION OF DEATH		9c. COUNTY O	
Home - 4042 Tyler Road Ewel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Somerset Ew	1, MD		Some	erset
HESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY
Maryland Somerset Ew	ve11			LIMITS? 1 TES 2 TO NO
	of. ZIP CODE			OF WHAT COUNTRY?
The street and number 4042 Tyler Road 11. Marital status 12. Was decedent ever in u.s. armed 1. Marital status 1. Marit	21824		U.	.S.A.
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DE 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DE 16. WAS DE 17. WAS DE 18. WAS DE 19. WAS	CENDENT OF HISPANIC OF		or No— 14. R	IACE — American Indian, Black, Whita, etc.
IF YES, GIVE WAR OR DATES 1 YE	S 2 NO Specify:		S	white
		16b. KIND OF BUS	INESS/INDUSTR	Y
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) Grade 6 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during miller. Do NOT use retired.) Waterman	nost of working			
Grade 6 Waterman		Seafoo		
17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (F		Sumame)	
Noan L. Evans	Mary W.			
198. INFOHMANT'S NAME (Typerfill))
Delitings Evans (Sen)			ATION — Cify o	Tour State
1 Street 2 Cremation 3 🖰 Hamovill from State other place)		10.00	well, M	SELECTION OF THE PROPERTY OF T
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME /	AND ADDRESS OF FACILITY	Υ		- CII.
	shaw & Sons			
Debend II Descriptions of the Control of the Contro	7 36 1 01	0-1-5	-1-1 10	
	W. Main St.			
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the m	node of dying, such as	cerdiac or respir	atory arrest,	Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the m shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final	node of dying, such as	cerdiac or respir	atory arrest,	Approximate Interval Between
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the methods, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (DR AS A CONSEQUENCE OF):	node of dying, such as	cerdiac or respir	atory arrest,	Approximate Interval Between
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23. PART I. Enter the diseases, or complicatione that caused the dash. Do not enter the methods, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) resulting in death) DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE	node of dying, such as PLACE OF DEATH (Check or	R I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	Approximate interval Between Onset and Death Available Prior To Completion of Cause OF Death? 1 Yes 2 No
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23. PART I. Enter the diseases, or complicatione that caused the dash. Do not enter that metabook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) DUE TO (DR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENC	Ing cause given in Part PLACE OF DEATH (Check or orms 5 X Residence 8 NOURKY AT WORKY YES 2 NO NOURKY NOURKY YES 2 NO NOURKY YES 2 NO NOURKY NOURKY YES 2 NO NOURKY NOURKY YES 2 NO NOURKY NOURKY YES 2 NO NOURKY	R I. 24a. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE HOW IN	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the methods, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1. Other algnificent conditions contributing to death but not resulting in the underly	PLACE OF DEATH (Check or ome 5 X Residance 8 - NJURY AT VORK? YES 2 NO Recommendation of the control of the co	At I. 24a. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE HOW IN City or Rown, State) The cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and men and determined the cause(a) and determined th	AUTOPSY MEO? NO NUMPY OCCURE and Number or Ru ner as stated. d dua to the cau 29d. DATE SIG	Approximate interval Between Onset and Death 24b. Were Autopsy Findings Award alle Prior to Completion of Cause of Death? 1 YES 2 NO

DHMH-18 Rev 1/89

	e hosp	etache	nce.	
	y th	9	20	l
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Debt, of Health and Mental Hogiene prior to burial, cemation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	Ĕ	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	Item	l
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	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
		OUISE	EISENHOV	<i>T</i> ER		2. DATE OF DEATH	199 2)	3. TIME OF DEATH 1:00P
	4. SOCIAL SECURITY NUMBER 216-94-4874	¹□ FEMALE	80 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day, 1881) 03/14/12	MA	BIRTHPLACE (State or Foreign RYLAND
TOR	90. FACILITY NAME (If not institution, give ROUND SPRING NURS RESIDENCE OF DECEDENT	· · · · · · · · · · · · · · · · · · ·		LINWOO	R LOCATION OF DE	ATH	CARRO	
DIRECTOR		EDERICK	UNIC	DN BRIDG				10d. INSIDE CITY LINUTA? 1 YES 2 NO
FUNERAL	11627 GREEN VALL	EY RD.		101.	ZIP CODE 2179	1	10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Wil Amproad	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO		city Cuban, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No.— 14.	RACE — Americen Indien, Bleck, White, etc. SnedhuTE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 11		16a, DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMAKI	rk done during mos retired.)	N it of working	166. KIND OF BUS	HOME	RY
BE CON	17. FATHER'S NAME (First, Middle, Last) ? KALENBACH				(UNK	NE (First, Middle, Maiden NOWN)		
5	19a. INFORMANT'S NAME (Type/Print) ELOISE A. EISENHO		11627 (GREEN VA	LLEY RUN	Noute Number, City or Town	Ξ	MD 21791
	20a. METHOD OF DISPOSITION RITTO 1 Burlet 2 Cremation 3 Herida Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI		HILLCRES	CEMETE	RY	12/9 CU		ND, MD
	athanie	O. Sart	ler			BRIDGE, MI)	ER & SONS
	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Clat only one ceuse on	eech line.		0.		ratory arreat,	Approximate Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF) A CONSEQUENCE OF)	noons	VI.	ve sease		Zoyrs
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS	A CONSEQUENCE OF)					
EDICAL CE	PART II. Other algnificant condition	ns contributing to deeth	but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
						1	NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Ou	tpatient 3 DOA	THER:	ACE OF DEATH (Che			
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	IRY AT	28d. DESCRIBE HOW II	NJURY OCCURE	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJUR building, etc. (Sp	Y — At home, farm, att	eet, factory, offica		28f. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
COMPLETED		SICIAN: To the best of my kno- ER: On the basis of examinati						use(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	elgh	MO		29c LICENSE NUM	330	29d, DATE SIC ▶/2	NEW (Month, Day/Year)
	DHU 1	E17161	+ 101	LN·/	moin.	J, UMO.	NBN	DUE, MD.
Ĭ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					

cate be executed within 2-7 hours after death. Page 6 may be retained by the hospital or attending physician. hystician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p prior to burial, cremation, or removal.	permit. Pher 7.2.3 should	N	A second
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending p. be filed within 72 hours after death with the State Dept. of Health and Memal Hygiens IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 15 should be detached for use as the burial-transit permit. Page 15 should be detached for use as the burial-transit permit. Page 15 shows after the beginning the prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND	/ DEPARTA	MENT OF H	IEALTH AND M		HYGIENE REG. NO.	12	00170
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	, y	3. TIME OF DEATH
	Shelly 4. SOCIAL SECURITY NUMBER	La con La		Ericks			10	30		
Ì		5. SEX 1 M 2 F 3 YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF (Month, Do			BIRTHPLACE (State or Foreign Country)			
~	9a. FACILITY NAME (If not institution, give st 4916 Denmore			91		more Ci			9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	Avenue			Dalli	more cr	гу		na	
JEC	10e. STATE 10b. COUNTY	,		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	na			Baltime				1 YES 2 NO	
FUNERAL	4916 Denmore Av	venue			101	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1			13. WAS DEC	ENDENT OF HISPANH	C ORIGIN? (S	Specify Yes	or No — 14	. RACE — American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		JNO		ecify Cuban, Mexican, 2 NO Specify:	, Puerto Rica	in, etc.)		Specify:
	15. DECEDENT'S EDUC		16a, E	DECEDENT'S US	UAL OCCUPATION	DN .	165 KII	ND OF BUS	NESS/INDUS	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	1000	(Give kind of work He. Do NOT use re	done during mo		IOU. KJI	ND OF BUSI	NESS/INDUS	iny
MP.	17. FATHER'S NAME (First, Middle, Last)					F				
BE CC	17. PAINER'S NAME (FIRST, MIDDIE, LIST)					18. MOTHER'S NAM	IE (First, Midd	lle, Maiden S	lumame)	
10	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING AD	ORESS (Street a	nd Number or Rural Ro	oute Number,	City or Town	State, Zip Co	de)
	OCME 20a. METHOD OF DISPOSITION		1 000 000 000							
	1 Duriel 2 Cremation 3 Remo	wel from State State re	management of the	E AND DATE OF D		me of	DATE	20c. LOC	ATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE ROYALIA	Wade	, Dir	22. NAME AN	ID ADDRESS OF FACI	LITY S	tate	Anato	my Board
	Many)	War	12/4	8/92	655W.E	altimores				
	23. PANT L Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACQUIRED I	MMUNE D	ne.			as cardiac	or reapin	atory arreat	Approximate Interval Between Onset and Death
z		h	1 AS A SOILS	LOULINGE OF J.						
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONS	EOUENCE OF):						
금	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONS	EQUENCE OF):						
CERTIFICATION	resulting in death) LAST	1								
	PART II. Other significant conditions	s contributing to de	ath but not	resulting in t	he underlying	cause given in P	art 1. 24	a. WAS AN A	LITOPSY	24b. WERE AUTOPSY FINDINGS
S								PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							- '/	YES 2	_ NO	OF DEATH?
ž							- '			1 1 1ES 2 1 NO
7					26 DI					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEBITAL		1 -		ACE OF DEATH (Chec	k only one)			
YSICI/	EXAMINER? 1 X YES 2 NO	HOSPITAL:	R/Outpatient		THER:	S Residence 6		pecify)		
Y PHYSICIAN: MEDICAL	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending		JURY		THER: Nursing Hom F 28c. INJ	5 N Residence 6	Other (Sp		JURY OCCUR	ED
B	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Nostural 5 Pending Investigation 3 Suicide 8 Could not be	1 Inpatient 2 EF	JURY Year)	28b. TIME OF INJURY	THER: Nursing Hom F 28c. INJ WO 1 1	URY AT RES 2 NO	Other (Sp. 28d. DESCRI	BE HOW IN.		ED Rurel Floute Number,
B	EXAMINER? 1 YES 2 NO 27. Manner O DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 EF 28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, atc.	IURY Year) NJURY — At P (Specify)	3 DOA 4 E 28b. TIME O INJURY	FHER: Nursing Hom F 28c. INJ WO 1 1 1	e 5 M Residence 6 URY AT RK7 (ES 2 NO	Other (Sp. 28d. DESCRI	DN (Street and	d Number or i	
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	1 Inpatient 2 EF 28a. DATE OF INA (Month, Day,) 28a. PLACE OF IN building, stc.	JURY Year) JURY — At II . (Specify) knowledge, c	3 DOA 4 28b. TIME OF INJURY	FHER: Numing Hom F 28c. INJ WO 1 1 1	e 5 N Residence 6 URY AT RK? ES 2 NO	Other (Sp. 28d. DE\$CRI 281. LOCATIO City or R	DN (Street an own, State)	d Number or i	Rural Route Number,
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	1 Inpatient 2 EF 28a. DATE OF INJ (Month, Day, 1) 28a. PLACE OF IND building, stc. CIAN: To the best of my R: On the basia of exam	NJURY — At P. (Specify) knowledge, collection and/o	29b. TIME OI NUMBER OF INVESTIGATION, It Penn	THER: Nursing Hom Value Nursing Hom	e 5 N Residence 6 URY AT NK? ES 2 NO and place, and due to eath occured at the till 29c. LICENSE NUMB	Other (Sp. 284, DESCRIE 281, LOCATIC City or R to the cause(sime, date and	BE HOW IN. ON (Street and wwn, State) s) and menn it place, and	or as stated, due to the co	Surel Route Number, suse(s) and manner as stated. GNED (Month, Day, Year) 0 / 3 1. / 1 9 9 2

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR	SIAIE UF MAI	CE	RTIF		OF DEA	TH	MENIA	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Cephas		Emer	son				12	06	1	992	3:15 P.M
		AGE (In yrs. last	birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE	OF BIRTH		a. BIRTH Countr	PLACE (State or Foreign
215-20-2261	1 M 2 F	109	YRS.	WONTHS D	AYS HOURS	MIN.	7-	12-	23	COUNT	" Md_
9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATH		9c. COL	INTY OF D	EATH
631 Washing	ton Stre	eet		Camb	rida	e			Do	rch	ester
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			the CIT	Y, TOWN OR I							10d. INSIDE CITY
Md DAF	7			AM	12						LIMITS?
10s. STREET AND NUMBER		63.11		111.	101. ŽIP CO	OE .			10- 017	TITEN OF Y	1 PYES 2 NO
631 WASHING	TON !	51.			101. 217 00	2 1/	12		15	C	A
11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. ARA	MED	13. WA	DECENDENT	OF HISPA	NIC ORIGI	N? (Specify Yes	s or No-	14. BACE	— American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 1	0	If ye	YES 2 14	onn, Mexico	en, Puerto			Speci	t, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade or				USUAL OCCL			160	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done duri e retired.) 	ng most of worl	lding					
0-12		1/	AB	DRE	ER		_		-5		
17. FATHER'S NAME (First, Middle, Last)	0 0 -	-011	1		18. MO	THER'S N	AME (First,	Middle, Malden	Sumame)		
EMERBON >	, UF	1 H	45		CL	RA	IEL	-1A	30	HW.	50N
19e. INFORMANT'S NAME (Type/Print)	011.	19b.	MAILING	ADDRESS (S	treet end Numb	er or Rural	Route Num	ber, City or Tow	n, State, Zi	p Code	16.17
ADSE III (E)	VHAS	6	3/ (AN)	PER	SI	C	ATM	7/19	, 21	613
20a/METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remov	rel from State	20b. PLACEA	NO DATE C		N (Name of		DAT	E 20c. LO	CATION -	City or To	wp. State
4 Donation 5 Other (Specify)	1055	BETHE	LX	7172	UE 111		120	JICA	ME	11)	da 216.5
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1	2	22. NAI	ME AND ADDR	ESS OF FA	CILITY	BURRI	DLE	V.	F/H
Deuris to	, Doa	rell	ex	181	2-H	山西	A3	d-5	TH,	(A)	713, Tha
23. PART I. Enter the diseases, or co	mplications that ce	used the des	- 1								
III shock or beart follows I i	et only one ower	on each line	ath. Do n	ot enter the	e mode of d	ying, suc	ch as car	diac or respi	Iratory ar	rest,	Approximate
SHOCK, OF heart fellure. LI IMMEDIATE CAUSE (Finel	at only one cause	on each line.	eth. Do n	ot enter the	e mode of d	ying, suc	ch as car	diac or respi	Iratory ar	rest,	Approximate Interval Between Onset and Death
snock, or heart fellure. Li	at only one cause	on each line.				ying, suc	ch as car	diac or respi	Iratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	Chror	on each line.	coh	olisn		ying, suc	ch as car	diac or respi	Iratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Chror	on each line.	COh	olism		ying, suc	ch as car	diac or respi	Iratory ar	rest,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Chror	on each line.	COh	olism		ying, suc	ch as car	diac or respi	Iratory ar	rest,	Interval Between
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		C	ERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH
SOLOMON		ED	ELSTE	N		12-5-92			YEAR	м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIFTH	IPLACE (State or Foreign
216 32 7355	1 M 2 F	97		DAYS	HOURS MIN.		Day, Year) 12-189	3.5	Count	
9e. FACILITY NAME (If not institution, give a	reet and number)		_	b. CITY, TOWN	OR LOCATION OF D		12-10:		INTY OF D	ryland MEATH
7236 Park Heights	Avenue			altimo						ore County
RESIDENCE OF DECEDENT				OL CINC	710			Da.	LCTIM	ore county
10a. STATE 10b. COUNTY	,		10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
Maryland Baltimore County Baltimore 1 YES 2 NO										
10e. STREET AND NUMBER				1	Of, ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
7236 Park Heights	Avenue				21208				USA	
11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN?	Specify Yes	or No-	14. RACI	E — American Indian,
1 Never Married 2 K Married	FORCES? 1	YES 2 AR OR DATES	NO		pecify Cuban, Mexica \$ 2 \sum NO Specif		en, etc.)		Speci	k, White, etc.
3 Widowed 4 Divorced	Yes WWI	Navy							9000	White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			WAL OCCUPAT		16b. K	IND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	- 44	. Do NOT use I	etired.)	lost or working			,		
12						Pa	lwn Br	сокез	2	
17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First, Mid	idle, Maiden	Sumame)		
Jacob Edelstein					Yetta	Sachs				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	ODRESS (Street	end Number or Rural		City or Town	r, State, Zij	p Code)	
Cecile Edelstei	n				IGHTS AVE				2120	Ω
20a. METHOD OF DISPOSITION	11-32			DISPOSITION //		DATE			City or To	
1 Surial 2 Cremation 3 Remo	oval from State		emetory or othe			1			only on to	, otale
21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE Ponale	obeW F	Dix	22, NAME	AND ADDRESS OF FA	CIUTY	1 - 7			
Dr. mal///	Konaro	12//17	DIL	6555	AND ADDRESS OF FA	Sta	te An	atom	у Во	ard
Jemelly//V	1924/				Baltimor					01
PART i. Enter the diseases, or of shock, or heart fallure.	omplications that	caused the de	eath. Do not	andan Aba an		et and on the				The second second second second
silver, of fleat tellule.	let only one cour	ee on each ile	-	enter the m	ode of dying, suc	h sa-cantla	c or respli	ratory ar	reat,	Approximate
IMMEDIATE CAUSE (Final	List only one caus	se on each ilne	e.	١.	•	/ \	c or respi	natory ar Λι Δ	reat,	Approximate interval Between Onset and Death
disease or condition	Card	se on each ilne	· ·	١.	•	/ \	C or respli	OLD	meat,	interval Between
	Card	on each line	wil	١.	Ode of dying, suc	/ \	Libu	M.	reat,	interval Between
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO OU	(OR AS A CONSE	QUENCE OF): QUENCE OF): QUENCE OF): resulting in 28b. Time (INJUR ome, ferm, street) eath occurred investigation,	the underlying the underlying the underlying the underlying to the underlying the	ng cause given in PLACE OF DEATH (Ch me Tork? YES 2 NO ce he and place, and due death occured at the	Part I. 2. 11 eck only one) 8 Other (S 28d. DESCP 28f. LOCATI City or to the cause time, date en	4e. WAS AN PERFORM YES 2 Specify) NIBE HOW IN TON (Street e Town, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b CURED For Rural F	interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, O and manner ee stated. (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO OU	(OR AS A CONSE	QUENCE OF): QUENCE OF): QUENCE OF): QUENCE OF): Compare the compare the comparent occurred investigation,	the underlying the underlying the underlying the underlying to the underlying the	ng cause given in PLACE OF DEATH (Ch me Tork? YES 2 NO ce he and place, and due death occured at the	Part I. 2. 1 1 eck only one) 8 Other (S 28d. DESCP to the cause time, date en	4a. WAS AN PERFORM YES 2 Specify) ON (Street e Town, Stele) (e) and mend place, end	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b CURED or Rural F ted, he cause(e	interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, O and manner ee stated. (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 AC 27. MANNER OF DEATH 1 VES 2 AC 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 AC 29. CERTIFIER Certifying Physic (Check only one) Certifying Physic (Check o	DUE TO OU	(OR AS A CONSE	QUENCE OF): QUENC	the underlying the underlying the underlying the underlying to the underlying the	PLACE OF DEATH (Charter of Presidence JURY AT ORK? YES 2 NO	Part I. 2. 1 1 eck only one) 8 Other (S 28d. DESCP to the cause time, date en	4a. WAS AN PERFORM YES 2 Specify) ON (Street e Town, Stele) (e) and mend place, end	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b CURED or Rural F ted, he cause(e	interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, O and manner ee stated. (Month, Day, Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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DIRECTOR

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notified at pe must examiner filled in by the fillion, or removal. medical 6 cremation, the traumatic event, n and com to burial, ending physician a Hygiene prior to other 0 the atten in any, been signed by th shows any TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has by be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 s

CERTIFICATION

PHYSICIAN: MEDICAL

BY

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REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 YEAR WONTH 20 MASAKO **FREYTAG** M. 4:00 p 7. DATE OF BIRTH (Month, Day, Year) 11/3/1925 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 219-66-4800 1 M 2 X F 67 Japan 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Meridian Nursing Home Frederick Frederick RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MD. Frederick Frederick 1 YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1105 Wilson Place 21702 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—tl yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 ▼ NO Specify:

Japanes e 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: white 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) homemaker n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) S. Miyazaki Kimiko Kokubu 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1105 Wilson Place, Frederick, Md. 21702 Robert E. Freytag 20e. METHOD OF DISPOSITION

XX Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Olivet Cemetery Donation 5 - Other (Specify) Frederick, Md. 21 SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home, P.O. Box 1819 Frederick, Maryland, 21702

IT i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 | YES 2 (NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗌 Residence 8 🗎 Other (Specify) 26a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28d. OEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide 29e. CERTIFIER

Chark and
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) who 0-18191 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) How In B. French Morar S. MANAND. My 187 31. DATE FILED (Month, Day, Year)
1101/30 1992 32, REGISTRAR'S SIGNATURE

Julia Varidson-Randoll

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH p DAY VEAR CHARLES BLAIN FORNEY 11 M 19 92 300 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 6787 1912 175-03-4070 17/2 XM 2 | F 80 PA. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Frederick Frederick 1 X YES 2 NO 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 619 Grant Place 21702 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black White etc. FORCES? 1 VES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 X Marrie 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WWII white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Shoe store manager Shoe store 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) W. Thomas Forney Florence Thomas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Hilda Forney 619 Grant Place, Frederick, Md. 21702 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 29c. LOCATION - City or Town, State 1 Durial 2 X Cremation 3 Removal from State
4 Donation 5 Other (Specify) Smithsburg Crematory Smithsburg, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX 1819 Frederick, Maryland 21702 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) luneme A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE Prestatu coma 1 - YES 2 140 OF DEATH? clocking 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NG BY 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, deeth occured at the time, data and place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TUTLE OF CENTIFIER 29d. DATE SIGNEO (Month, Day, Year) BE 29c. LICENSE NUMBER 0 nn 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. REGISTRAR'S SIGNATURE

FUNERAL within 72 h IMPORTANT: If

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		nit,
BALTIMORE, MARYLAND 21203-3146	e death certificate be executed with! Durs after death, Page 6 may be retained by the hospital or attending physician.	the attending physician and completely, and in by the funeral director, page 5 should be detached for use as the burial-transit permit, Mental House and or in burial command in the funeral programment.
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		No. of
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S, P.O. BOX 13146,	executed	the attending physician and completely, and in by the Merral Hunisco polor to build commation or removal
30X	ate be	hysician prior tr
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, and in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospit
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND

	REGISTRAR	CER	TIFICATE	OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) EVELYN MARIE	FARRI	W		2. DATE OF DEATH MONTH	- 1	3. TIME OF DEATH 2. 7 Am M
:	4. SOCIAL SECURITY NUMBER 3.14 - 0.5 1.743 1 □ M 2 🖝 9a. FACILITY NAME (If not institution, give street and number)	6. AGE (In yrs. lest birt	rs. Months	DAYS HOURS MIN.	<u> </u>	1907	BIRTHPLACE (State or Foreign Country) Maryland
TOR	Fairfield Nursing Center			wnsville	EATH	Anne	Arundel
DIRECTOR	MD 106. STATE Anne Arundel		C CITY, TOWN OF	rownsville			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1121 Gumbottom Road			10f. ZIP CODE 21032			nited States
BY	Will News Married 2 Married FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	it	AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 NO Speci	en, Puerto Ricen, etc.)	a or No— 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 1)	(Give k iffe. Do	ENT'S USUAL OCC ind of work done di NOT use retired.)	CUPATION tring most of working	US Navy		TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) Edward Farrin				a Valentir		
TO E	19a. INFORMANT'S NAME (Type/Print) Betty Irying			Street and Number or Rural ttom Road			
	20a. METHOD OF DISPOSITION 1	20b. PLACE OF I other place) Ft. Lin	coln Cr	e of cometery, crometory or ematory			or Town, State
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE	h	22. N	AME AND ADDRESS OF F	Taylor		al Home napolis, MD
	23 PART 1. Enter the diseases, or complications the shock, or heart failure. List only one community of the shock of heart failure. List only one community of the shock of heart failure. List only one community of the shock of heart failure.	at caused the deeth suse on each line.	ugu	he mode of dying, eu	ch ee cerdlec or resp	iretory arrest	Approximate interval Between Onset and Death
LION	Sequentially list conditions 6.	O (OR AS A CONSEQUE	du	Black	M		yer
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	O (OR AS A CONSEQUE	NCE OF):				
DICAL	PART II. Other algnificant conditions contributing to the state of the	o deeth but not reau	5	eriying cauee given is	1 Part i. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input left 2	☐ ER/Outpatient 3 ☐	OTHER		, , , , , , , , , , , , , , , , , , , ,		
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE (Month,			rig Home 5 Realdence 26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED
TED BY	3 Suicide 28e. PLACE	OF INJURY — At home, g, atc. (Specify)	ferm, street, facto	ry, offica	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of						ause(s) and menner as stated.
BE	2014 SIGNATURE AND TITLE OF CERTIFIER	W		29c. LICENSE NU	1438	29d. DATE S	IGNED (Month, Day, Year) V/0/9
2	M ICHAEL J. Latenta	USE OF DEATH (ITEM 2)	ORIDGE IDG	ELY AVE	#120, A	NNAP	OUMONYO
	31. DATE FILED (Month, Day, Year) 32. REGIST	AR'S SIGNATURE	1.00	1			

1	•	STATE REGISTRAR
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	1 - STATE REGISTRAR	SIAIL OF MA	CERT	IFICATI				REG. NO			
	1. DECEDENT'S NAME (First, Middle, La	" Fotia	dis	Fotiad	lis, J	Jr.		DATE OF DEATH DATE OF DEATH	" 9:	YEAR	3. TIME OF DEATH 643 A M
	4. SOCIAL SECURITY NUMBER 220-01-4920	1X M 2 □ F	AGE (In yrs. last birtho	MONTHS	_	IF UNDER 24 H	101	Month, Day, Year)	921	Country	PLACE (State or Foreign
DIRECTOR	a. FACILITY NAME (If not institution, give street and number) HOLLOCO MEMORIA HOS		tospital	94 CIT	NOWN OR	LOCATION	G CQ	04	PC. COUNTY OF DEATH HOTTOLD		
EC	10a. STATE 10b. COU	NTY	10c.	CITY, TOWN	OR LOCATIO	ON .				Т	10d. INSIDE CITY LIMITS?
	Maryland	Perryville							1XXYES 2 NO		
FUNERAL	100. STREET AND NUMBER 1207 Cedar Corne	r Road			10f. Z	CIP CODE	21	903	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 ON Spe							RIGIN? (Specify Yes erto Ricen, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.	
							Perryvi:			Agency	
NO N	17. FATHER'S NAME (First, Middle, Last)	IWO ICUIS	OWNET	/ OPCI C		18. MOTHER'S		First, Middle, Maiden		iews 2	agency
BE C	George C. Fot	iadis, Sr.				E	E. E1	izabeth	Bair		
2	19a. INFORMANT'S NAME (Type/Print)							Number, City or Tow		,	
	Ruth Ann Gilles		120.					Perryvi			
	1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	cemetery, cremetory, Hopewell	or other place)	tery	901	1				t, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22.	NAME AND	ADDRESS O	F FACILIT				
	** \$000 a.t.	HERDOR	1. Sr.					n & Son yland 21		ral H	ome
- 1	23. PART I. Enter the diseases, o shock, or heart failu	or complications that care. List only one cause	on each line.	Do not antar	the moda	of dying,	such as	cardiac or reap	ratory an	rest,	Approximate Interval Between
	immediate cause (Final disease or condition resulting in death)	S. CARD DUE TO (OR O. CO RON	10 PUL	MONA	acy	X	FRR	EST			Onset and Death
_		- CORON	A RY	E OF): ** () TS	PRY	7	VISE	ASE			
SATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENC	E OF):		ىل	71 00	7,70			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENC	E OF):							
	PART II. Other significant condit	ions contributing to de	eth but not result	ing in the vi	nderlying o	cause give	n in Part	I. 24e. WAS AN	AUTOPSY	246.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								1 TYES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z.											1 123 2 100
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	sveri –	OTHE	R:	CE OF DEATH					
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient XX EF	URY 28b.	TIME OF	28c. INJUR	RY AT		Other (Specify) DESCRIBE HOW I	NJURY OC	CUREO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	(bar)	INJURY M	WORK 1 TYES	(7 S 2 NC	,				
	3 Suicide 6 Could not 4 Homicide determined	building, etc.	IJURY — At home, fa (Specify)	rm, street, fac	tory, office	5	281.	LOCATION (Street of City or Town, State)	and Number	or Rural A	oute Number,
COMPLETED		YSICIAN: To the best of my									and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTI	A Salwy	WD.		2	D / 5	NUMBER	4			(Morith, Day, Year) 2-92
	30. NAME AND ADDRESS OF PERSON LETICIA S. G.E.	LLYEZ. M.	D. 62	5 5	.400	ION	AV	E. #A	VEE	05	GRACE 78
	31. DATE FILED (Month, Day, Year) DEC 0 3 '91	32. REGISTRAR'S	SIGNATURE Davidson-R	andell					MD.	210	78
- 1	750000	- I Turtus	1 MAN - 1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. It is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

1	-	STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

REGISTRAR DECEDENT'S NAME (First, Middle, Lest)								2. D/	TE OF DEATH			3. TIM	E OF OE	ATH
Martha B. (Galimba							MO	NTH	1992	YEAR			P
SOCIAL SECURITY NUMBER	5. SEX	6. AGE ((In yrs. lest birthday)	IF UNDE	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH			THPLACE	(State or	
554-22-5633	1 M 2	88	YRS.	MONTHS	DAYS	HOURS	MIN.		orith, Day, Year)	1001	Cour	lipr		-
FACILITY NAME (If not institution, give	street and number)			9b. CIT	TY, TOWN	OR LOCAT	ION OF D	-	J. U-1		OUNTY OF		71110	10.
Anne Arundel M	Medical C	ente:	r	1310	Ar	napo	lis				nne A		del	
SIDENCE OF DECEDENT														
, STATE 10b. COUN	TY		10c, CI1	ry, town	OR LOCA	TION							NSIOE CI	TY
	e Arundel			An	napo	lis						₹₩.	XES 2 [NO
STREET AND NUMBER					10	I. ZIP COD					ITIZEN OF			?
10 Shiley Stree							2140	1		Ur	nited	. Sta	ites	
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	13	If yes, sp	CENOENT Cubes 2 NO	ın, Mexici	an, Puer	GIN? (Specify to Rican, atc.)	Yes or No-	Bla	CE — Am ck, White city: Ph	erican in , atc.	
15. OECEDENT'S ED	UCATION In completed		16a. DECEDENT'S	USUAL	OCCUPATION	ON		1	66. KIND OF I	SUSINESS/I	NDUSTRY		-	
Elementary/Secondary (0-12)	College (1-4 or 5	+}	(Give kind of life. Do NOT u	work done ise retired.	e during mo)	ost of work	ng							
8			Homemal	ker						Home				
FATHER'S NAME (First, Middle, Last)					-	18. MOT	HER'S N	ME (Fire	t, Middle, Maid	en Sumame)			
(unkown) Brio	nes					I I	enor	a G	arelan					
. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORES	SS (Street i	and Numbe	r or Rural	Route N	imber, City or 1	lown, State,	Zip Code)			
Rachel B. Madde	n		10 8	Shil	ey S	t.	Anna	pol:	is, MD	211	101			
TAMOUN A	7.1		2			nd Abone			Taylo					VID.
shock, or heart failure MEDIATE CAUSE (Final sease or condition suiting in death)	a. OUE TO	(OR AS A	d the death. Do ach line.	not anta	47 D	uke o	of G	loud	cester	St.	Anna	poli		mata Betwe
equentially list conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or Injury at initiated events suiting in death) LAST	a. OUE TO b. DUE TO c. DUE TO	(OR AS A	CONSEQUENCE O	not anta	147 Draw the mo	uke oda of dy	of G	loue	cester	St.	Anna	poli	Approximaterval	mata Betwe nd Dea
shock, or heart failure MEDIATE CAUSE (Final sease or condition suiting in death) equentially list conditions, any, leading to immediate ruse. Enter UNDERKYING AUSE (Disease or Injury at initiated events suiting in death) LAST	a. OUE TO b. DUE TO c. DUE TO d.	(OR AS A	CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE OF CONSEQ	not anta	47 Dr	uke oda of dy	of G	Part I.	24a. WAS. PERF	St.	Anna	DOLI	Approximaterval Onset a	mata Betweend Dea
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Shock, or heart failure MEDIATE CAUSE (Final sease or condition suiting in death) Arquentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. OUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2	OR AS A OR AS A OR AS A	CONSEQUENCE OF CONSEQ	not anta	underlyin 26. Pi	g cause	given in	Part I.	24s. WAS PERF 1 YES	St. AN AUTOPS ORMED? 2 NO	Anna arreat,	DOLI	AUTOPSY BLE PRIO	mata Betweend Dea
shock, or heart failure MEDIATE CAUSE (Final sease or condition suiting in death) quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST RT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. OUE TO b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A death b	CONSEQUENCE O	not anta	ar the mo	g cause	given in	Part I.	24a. WAS PERM 1 UYES	St. AN AUTOPS ORMED? 2 NO	Anna arreat,	DOLI	AUTOPSY BLE PRIO	mata Betweend Dea
Shock, or heart failure MEDIATE CAUSE (Final sease or condition suiting in death) quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST RT II. Other aignificant condition WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Natural 5 Pending Pending Accident Suicide 8 Could not be	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A (OR AS A (OR AS A (OR AS A) (OR AS A)	CONSEQUENCE OF CONSEQ	OTHE 4 Number of Juny M	ar the mo	g cause	given in	Part I.	24s. WAS PERF 1 YES	AN AUTOPS ORMED? 2 NO V INJURY C	Anna arreat,	b. WERE AMAILA COMPIO OF DE	AUTOPSY BLE PRIO ETHON OIL ATTY?	mata Betweend Dea
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was case reference to Medical investigation and investigation was case reference to Medical investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation investigation in the investig	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A (OR	ach line. CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE OF CONSEQUENC	not anta IF: IFT the u C OTHE 4 Nu AE OF JURY M street, fac	ar the mo	g cause G c	given in	Part I. Part I. 28f. L C	24s. WAS PERF 1 YES One) DESCRIBE HON OCATION (Street) Course(s) and re- course(s) and re- course(s) and re-	AN AUTOPS ORMED? 2 NO V INJURY C	Anna arreat, Y 24 DOCCURED Descriptions of Rural	Ib. WERE AMAILA COMPLOF DE 1 V	AUTOPSY BLE PRIO ETION OI AUTOPSY BLE PRIO ETION OI ATH? ES 2	mata Betweend Deal FINDING R TO F CAUSE] NO
Shock, or heart failure MEDIATE CAUSE (Final sease or condition suiting in death) Adjusted the sease or conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated events suiting in death) LAST WAS CASE REFERREO TO MEDICAL EXAMINERY I YES 2 NO MANNER OF DEATH I Natural 5 Pending Investigation Suicide 8 Could not be determined CERTIFIER (Check only one) MEDICAL EXAMIN	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A (OR	ach line. CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE OF CONSEQUENC	not anta IF: IFT the u C OTHE 4 Nu AE OF JURY M street, fac	ar the mo	g cause CACE OF E BOOK TO THE STATE OF THE	given in	Part I. Part I. 28f. L C	24s. WAS PERF 1 YES One) DESCRIBE HON OCATION (Street) Course(s) and re- course(s) and re- course(s) and re-	AN AUTOPS ORMED? 2 NO V INJURY C	Anna arrest, Y 24 Decured ber or Rural stated.	bb. WERE AMAILA COMPLOF DE 1 V	AUTOPSY BLE PRIO ETION OI AUTOPSY BLE PRIO ETION OI ATH? EES 2	mata Betweend Deal FinDing R TO F CAUSE NO



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89

W. i. Sphrakelin

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DHMN-16 Rev 1/89

020	ohysician.	burial-transit permit	
ND 21215-0	hospital or attending	lached for use as the	Ce.
BALTIMORE, MARYLAND 21215-0020	nay be retained by the	page 5 should be de	it be notified at on
	TO THE HOSPITAL. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit beneat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ecuted within 24 hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	atic event, the me
S, P.O. BOX	death certificate be ex	attending physician a ental Hygiene prior to	ry, or other traum:
L RECORDS	law requires that the	as been signed by the bept, of Health and Me	23 shows any Inju
ON OF VITA	JING PHYSICIAN: The	After this certificate has beath with the State C	marked, or item
DIVISIO	OSPITAL OR ATTEND	JNERAL DIRECTOR: J thin 72 hours after d	INT: If Item 28 is
	TO THE H	TO THE FL.	IMPORTA

	1. DECEDENT'S NAME (First,	Middle, Last)			<u> </u>			DEM		2. DATE OF DEATH		1	3. TIME OF DEATH
1	Marion		S.		Gil	nin				MONTH D	3	92	
	4. SOCIAL SECURITY NUMBI	E0 T	5. SEX		yrs. last birthday)			1			3		10:30 a.
		ER				IF UNDER 1	YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
	208288361		1 □ M 2 💢 F		85 YRS.					12/04/	06	Penr	isylvania
	9a. FACILITY NAME (If not ins					96. CITY, T	OWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF DEA	ATH
NO I	Calvert M	anor	Nursing	Hom	e	Risi	ng	Sur	a		Ceci	il	
DIRECTOR													
뿐	10e. STATE	10b. COUNTY				Y, TOWN OR						1	IOd. INSIDE CITY LIMITS?
ā	MARYLAND	CEC	IL		RI	SING	SI	JN LL	51			1	YES 2 NO
A	10e. STREET AND NUMBER						101	. ZIP CODI	_		10g. CIT	ZEN OF WH	IAT COUNTRY?
띪	1881 TEL	EGRAP	H ROAD					219	11		U.S	5.A.	
BY FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S. ABMED	13. W	S DEC	ENDENT	F HISPANI	IC ORIGIN? (Specify Yes		14. RACE	- American Indian,
Ī.	1 Never Merried 2 🔲		FORCES? 1			lf y	/06, SP	ecity_Cube	n, Maxican Specify:	, Puerto Rican, etc.)		Black, 1	White, atc.
	3 X Widowed 4 Divor	rced] 163	2 21 110	эрвспу.			Specify:	White
COMPLETED		EDENT'S EDUC		16	Sa. DECEDENT'S	USUAL OCC	UPATK	ON		16b. KIND OF BU	SINESS/INC	DUSTRY	
E	(Specify only Elementary/Secondary (0-	highest grade (College (1-4 pr 5 s	.,	(Give kind of life. Do NOT u	work done du se retired.)	ring mo	st of working	ng				
7	Camerical y Coccinous y (c-	12,	6		School	I Tea	ch	er		PUBLIC	S	CHOO	T ₁ S
₹	17. FATHER'S NAME (First, Mic	ridio (net)					-		HED'C NAM	AE (First, Middle, Maiden		01100	
	Charles So		ort							Beehn	Sumame)		
8	19a. INFORMANT'S NAME (Ty		ELL										
2										oute Number, City or Tow			
-	Paul Gilp:				213 KG	es ur	IVE	≥, K1	ng o	f Prussia	, PA	19406	
	20a. METHOD OF DISPOSITION 1 XBurlai 2 Cremation		val from State		LACE AND DATE					DATE 20c. LO			
	4 Donation 6 Other			PIN	NE GRO	VE C	EM	12-	6 - 92	so.	STE	RLIN	G, PA
	21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE /		1				SS OF FAC				
	6/10			1	11.0		R.	r. F	'OARI	D FUNERA	L HO	ME	
	Tucker	and 4	7.	100	9		R.	ISIN	G ST	UN, MARY	LAND		
	23. PART I. Enter the die	seasea, or co ert feliure. L	omplications the list only one cau	t caused th	ha ideath. Do	not anter th	ne mo	de of dy	ing, auch	aa cerdiac or reap	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin		- · · ·	, c c c	1	1							Onset and Death
	disease or condition		Pulmo	M	EMB	lus							
	resulting in death)	,			ONSEQUENCE O			-					
-			5/0	Itin	6	~	01	cif					
Ó	Sequantially list condition		DUE TO	(OR AS A CO	ONSEQUENCE O	f):		, ,					
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY!!		147	-1		•							į
윤	CAUSE (Disease or injur	ry C	DUE TO	(OR AS A CO	ONSEQUENCE O	El·							<u> </u>
Ē	regulting in death) LAST			(0.1.1.0.1.00	011020021102								
ij.		d	•										-
	PART II. Other algnificar	nt conditions	contributing to	death but	not resulting	in the unde	erlying	g cause g	given in F	Part I. 24a. WAS AN	AUTOPSY	24b, V	VERE AUTOPSY FINDINGS
EDICAL										PERFOR	1 0		WAILABLE PRIOR TO
ā										1 YES 2	NHO		OF DEATH?
Σ										_		1	YES 2 NO
z													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				26. PI	ACE OF D	EATN (Chec	ck only one)			
S	1 TYES 2 NO		1 Inpatient 2	ER/Outpatie	ent 3 🗆 DOA	OTHER:	g Nom	e 5 🗆 Ra	sidence 6	B ☐ Other (Specify)			
Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF 2	Bc. INJ	URY AT		28d. DESCRIBE NOW I	NJURY OC	CURED	
		Pending	(Month, D	ay, Year)	IN.	JURY		PRK?	NO				
BY	a Carte	nvestigation	28e. PLACE O	F INJURY —	At home, farm,	street, factor				28f. LOCATION (Street	and Number	or Burni Bou	uta Numbar
ED	= 5000	Could not be letermined	building,	etc. (Specify)	1		, 01110			City or Town, State)	ara reamper	OF PICKET PIOU	ne reumour,
山													
4		FYING PNYSIC	AN: To the best of	my knowled	ge, death occur	ed at the tim	e, date	and place	, and due t	to the cause(a) and mar	ner as stat	ted.	
COMPLET	one) 2 MEDIC	CAL EXAMINER	: On the beals of a	xemination a	nd/or investigation	on, in my opi	nion, d	eath occur	red at the t	time, date and placa, an	d due to th	ie cause(a) i	and manner as stated.
- 11	29b. SIGNATURE AND TITLE	OF CERTIFIER	-					29c, LICE	ENSE NUM	BER	29d DAT	E SIGNED /	Month, Day, Year)
BE	Time la in	4	11 111	1				N	7 2	500	D. DAI) /	2 - 9 U
2	30. NAME AND ADDRESS OF	PERSON WILL	COMPLETED CALL	DE OF AFAT	MATERIAN CT	Delegat		1)	3 3	3 10		16	5-70
	T AUDITESS OF	r Enount WHO	SUMPLETED CAUS	SE OF DEATH	T (ITEM 2.7) (Type	, Print)		1.1	7.	/		10.2	2.
	1V. U 3		Gly	14,	114	EA	- (116	1/60	w //2	. /	7/2	10
	31. DATE FILED (Month, Day, Y	bar)	32. REGISTRA	R'S SIGNATU	URE			A DF	*O O ·	100			
	17-7-70	2	K	11	7 7	A.T		E UL	C 0 4	192	Julia	Davids	on Randelle
				-				_					



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.
IMPURIANT. IT ITEM 26 IS MARKED, OF ITEM 23 SHOWS ANY INJURY, OF OTHER TRAUMATIC EVENT, THE MEDICAL EXAMINER THAT HE DESIGNATED A DATA

	1 - STATE REGISTRAR	STATE OF MARYLAND /		TOF HEALTH AI		NE 92	35799
	1. DECEDENT'S NAME (First, Middle, Lest)	HARNER			2. DATE OF DEATH MONTH	DAY YEAT	3. TIME OF DEATH
		5. SEX 1 M 2 F 78	YRS. MONTH	ER 1 YEAR IF UNDER 24 IF BOAYS HOURS N	HN. (Month, Day, Year) 4-7-/	4 Ma	THPLACE (State or Foreign intry)
DIRECTOR	MERISIAN NS6. (ENTER	Bil	VER SpiNG	S	MON 16	COMERY
	10a. STATE 10b. COUNTY Montg	omery	Boyds	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 20700 Slidell Roa	d		101. ZIP COOE 20841		U.S.A	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13	If yea, specify Cuban, N	ISPANIC ORIGIN? (Specify Yelaxican, Puarto Rican, etc.) Specify:	a or No— 14. R/BI	ACE — American Indian, ack, White etc. becity: White
APLETED	15. DECEDENT'S EOUCA (Specify only highest grade oc Elamentary/Secondary (0-12)	College (1-4 or 5+) (Gi	CEOENT'S USUAL we kind of work don Do NOT use retired	e during most of working	16b. KIND OF BU	SINESS/INDUSTRY	,
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Harry G. L. Tman 19a. INFORMANT'S NAME (Type/Print)			Este	s NAME (First, Middle, Meiden lla Heffner	1118-25-07	
5	Harry L. Harner	20	700 Sli	dell Rd., 1	Rural Route Number, City or Tow Boyds, Md. 2	0841	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Boyds		erian Ceme	tery Bo	yds, Md	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Litt		ilton Fune		- WA (00000
	23. PART I. Enter the disease, or core ehock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Preise me couse on each line. Preise money. Due to (or as a consec	MI A	r the mode of dying,	such es cardlec or reep	iratory errest,	Approximete interval Between Onset and Death 5 day 5
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSECU		Tive Pu	-l monaky	Dise	as yes
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions of Coromany	contributing to deeth but not re	eculting in the c	inderlying ceuse give	n in Part i. 24a. WAS AN PERFOI	RMEO?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		IOSPITAL:	отне	26. PLACE OF DEATH			
ву РНҮ	27. MANNER OF OEATN 1 Netural 5 Pending Investigation	Inpetient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY — At hon building, etc. (Specify)	ne, ferm, street, fe	ctory, office	281, LOCATION (Street City or Town, State)		Il Route Number,
COMPLETED	2 MEDICAL EXAMINER:	IN: To the best of my knowledge, des	th occurred at the	time, date and placa, and opinion, death occured a	dua to the cause(a) and med t the time, data and place, an	nner as atated.	e(a) and menner as stated.
TO BE	200. SIGNATURE AND THE DEPORTIFIER	-ch		29c. LICENSE	0557	29d. DATE SIGNI	ED (Month, Day, Year)
	TIBE MACK 31. DATE FILED (Morith, Day, Year)		27) (Type, Print)	De. Wh.	0557 eaton, m	16 20	906
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the medical examiner

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	W.	mpk	Cre	Ž
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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1. DECEDENT'S NAME (First, Migidio, Last) ; 2. DATE OF DEATH MONTH 3. TIME OF DEATH 2:45 a.m RALPH **EMERSON** HUBBARD 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign March 29, 1 M 2 F 3 229-16-3084 HOURS YRS 1919 Maryland 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH DE COUNTY OF DEATH ON Washington eyStown 105 1-1a 9 DIRECTOR ounh RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN ON LOCATION Vod. INSIDE CITY West Virginia Falling Waters Berkeley 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? P.O. BOX 251 25419 U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu

1 YES 25 NO Specify: 1 Never Married 2 Married BY Specify 3 X Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION ecily only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY /Spr ndery (0-12) College (1-4 or 5+) N/A 8 Carpenter Carpentry once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 10 George William . Hubbard Myrtle Irene BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 22036 Foxgrove Rd., Parksley, VA 23421 Martha E. Matthews (Daughter) 9 20a. METHOD OF CISPOSITION
1\(^1\) Burial 2 \(^1\) Cremetion 3 \(^1\) Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Resthaven Memorial Gardens 11/20 Frederick, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert E. Dailey & Son Funeral Homes, P.A. . 615 E. Main St., Thurmont, MD 21788 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Retween IMMEDIATE CAUSE (Finel Onset and Death disease or condition arcinoma resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 100 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: etlent 2 - ER/Outpetient 3 - DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER F. Abdullah BE 00121 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (MOR. Print) Hagerstown Abdullah M. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 0 Julia Savidson-Randelle

guna,

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT	T OF HE	ALTH AND I	MENTAL HYGIEN REG. NO.		35801
	1. DECEDENT'S NAME (First, Middle, Last) BENSON	BENSON HOLLAND				2. DATE OF DEATH DA	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 142-12-3790	5. SEX 6. AGE (In yrs. ld	nst birthday) IF UNDER MONTHS		F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month Day Wood JANUARY 1	Count	HPLACE (State or Foreign ny) ARYLAND
TOR	98. FACILITY NAME (If not institution, give a ANNE ARUNDEL MEI RESIDENCE OF DECEDENT		-	Y, TOWN OR	S	АТН	ANNE AF	
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, TOWN		N			10d. INSIDE CITY LIMITS?
	MARYLAND AND 100. STREET AND NUMBER	NE ARUNDEL	I CHURC		P CODE		10g. CITIZEN OF	1 YES 2 NO
BY FUNERAL	P. O. BOX 321 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 Tyes 2 X IF YES, GIVE WAR OR DATES	No	WAS DECEN	0733 DENT OF HISPAN by Cuban, Maxicae N NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	U.S. or No— 14. RACI Blac Spec BLAC	E — American Indian, k, Whita, atc. ily:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16e. D (1/2) College (1-4 or 5+)	ECEDENT'S USUAL O Give kind of work done le. Do NOT use retired.) WATERM	during most of	of working	16b. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) ALEXANDER HOLI	LAND		1	CORA B	ME (First, Middle, Maiden LAKE	Surname)	LA.
10	PAUL GROSS	11	5625	SIE SIE	Number or Rural R E RD • C	HURCHTON,	MD . 2073	3
	20e METHOD OF DISPOSITION 1 A Buriel 2 Crematton 3 Rem 4 Donation 5 Other (Specify)	PINE	AND DATE OF DISPOS TANN MEM			1	CATION — City of TO INAPOLIS,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Reese	RE	EESE &		ORTUARY, F NNAPOLIS,		1
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to one as a conse	eath. Do not enter	the mode	of dying, auch	as cardiac or respi	ratory arreat,	Approximata Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE, TO (OR AS A CONSE c. DUE TO (OR AS A CONSE	Celusu	ing de	Lero Sease Ocos	Seleso to leg	20 20	
PHYSICIAN: MEDICAL CI	PART II. Other algorificant condition Recent	na contributing to death but not B/Kan	resulting in the un	Heen Sele	far far	Pert I. 24s. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Impatiant 2 ER/Outpetient	OTHE	R:	E OF DEATH (Che			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR WORK	/ AT	8 Other (Specify) 28d. OESCRIBE HOW II	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At he building, atc. (Specify)	oma, tarm, street, fact	tory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,
COMPLETED		ICIAN: To the best of my knowledge, d) and manner as stated.
TO BE CC	29th SIGNATURE AND TITLE OF CERTIFIER 60. NAME AND ADDRESS OF PERSON WHI	Laulson, M	nD.		D. 172		29d. DATE SIGNED	(Month, Day, Year)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. NOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR

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	1 3	Norman		Hubert		Hanc	ock,	Jr.			Novem	her		1992	0900"
		4. SOCIAL SECURITY NUMBER	_	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER		7. DATE OF B (Month, Day	HTTH			IPLACE (State or Foreign
P		216-50-544		1 M 2 □ F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr 2		946		wland
3 should	_	9e. FACILITY NAME (If not in	nstitution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE				NTY OF D	
en evi	0	At Home, R	t. 235	Box 290			Но	llyw	boov				St	. Ma:	ry's
e m	EC	10a. STATE	10b. COUNT	1000		10c. CIT	Y, TOWN C	OR LOCA	TION				-		10d. INSIDE CITY
719	DIRECTOR	Maryland	St.	Mary's		Н	olly	wood	1						LIMITS? 1 YES 2 NO
- E		10e. STREET AND NUMBER						_	f. ZIP CODE	E			10g. CITI	IZEN OF V	WHAT COUNTRY?
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o phy	BY F	1 Never Merried 2 1 3 Widowed 4 Divo		IF YES, GIVE Y	YES 2 WAR OR DATES	JNO			2 I NO		n, Puerto Rican	, atc.)		Speci	k, White, etc.
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5 should	TO B	19e. INFORMANT'S NAME (7					ADDRESS	(Street			loute Number, C				
De ref	F	Alvin J. Ha	ancock		1	Rt. 1	Box	9-I	, Le	onar	dtown,	Mar	ylan	d 20	650
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death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					NO ADDRES		diner	Fune	ral !	Home	РΛ
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0 £ 5 =	L CE	PART II. Other significa	nt condition	a contributing to	death but not	resulting	In the un	derivin	C CRUSS C	lven in i	Part 1 24a	WAS AN	ALITTOROV	045	WEET AUTODOX CANADA
ures that the signed by the Health and Mouse any Injury	EDICAL			e 5510		, cootting		conju	g cause g	nven m	258.	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
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has the Dept	AN	25. WAS CASE REFERRED TO	O MEDICAL					28. PI	LACE OF DE	EATH /Che	ck only one)				/ `
SICIAN: The law requestributes has been the State Dept. of the State 23 should be the state of t	PHYSICIAN:	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	t:	1		B Other (Spe	nolfu)			
ysicia s certif th the od, or	높	27. MANNER OF DEATH		26e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URYAT		28d. DESCRIB		JURY OCC	CURED	
ther this ceath with marked,	ВУ Б		Pending Investigation	(monut, D	ay, rear)	l ms	M	1 🔲	YES 2	NO					
TOR: After after death 28 is man	ED	3 Sulcide 8	Could not be	28e. PLACE O building,	F INJURY — At h atc. (Specify)	ome, term,	street, facto	ory, offic	•		281. LOCATION City or Tox	(Street as	nd Number	or Rural R	loute Number,
OR ATTENDING DIRECTOR; After hours after death Item 28 is man		4 Homicide	determined												
HUSPI IAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has b within 72 hours after death with the State Dept. TANT: If Item 28 is marked, or Item 23	COMPLET			CIAN: To the best of											
HOSPITAL FUNERAL WITHIN 72 I	Š	one) 2 MEDI	CAL EXAMINE	R: On the basis of e	camination end/or	Investigation	n, in my o	pinion, d	leath occurr	ed at the 1	lime, date and	place, end	due to th	e Ceuse(e)	end manner ea stated.
	w	296. SIGNATURE AND TITLE	OF CERTIFIER	1	/				29c. LICE	NSE NUM	BER	_	29d. DATI	SIGNED	(Month, Day, Your)
TO THE De filed	TO B	N	11	m	1	NO			0-1	14:	281		> /	11/	25/92
	-	30. NAME AND ADDRESS OF								7	20652			7	
		William D. 31. DATE FILEO (Month, Day,				onard		, Ma	ryLai	nd i	20650				
(H)		NOV		Julia State	R'S SIGNATURE	-Hands	مالتر								
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 35802

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-ti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th
r death. Page 6 may be retained by the hospital or attending physicia	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

R TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
BISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND	MENTAL HYGIEN		33003			
	Webster	EBSTER WILLIAM	HALL	Hall	2. DATE OF OEATH MONTH	- 9 <i>5</i>	3. TIME OF DEATH			
	214-18-8572	6. AGE (In yrs. le	YRS. F UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 20, 1	Q	IRTHPLACE (State or Foreign punitry) ARYLAND			
TOR	9a. FACILITY NAME (If not institution, give street and number) St. Mary S RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary S RESIDENCE OF DECEDENT									
L DIRECTOR	MARYLAND ST. M	ARY'S	10c. CITY, TOWN	GTON PARK			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER RT 1, BOX 170 11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. A	PMCD 42	101. ZIP CODE 20653 I. WAS DECENDENT OF HISP		UNITE	OF WHAT COUNTRY? O STATES			
B	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 THE STATE OF T	NO	If yes, specify Cuban, Maxi-	en, Puerto Rican, etc.)	5	IACE — American Indian, Black, White, etc. Specify: LACK			
COMPLETED		College (1-4 or 5+)	Do NOT use retired.	a during most of working)		SINESS/INDUSTR				
COM	17. FATHER'S NAME (First, Middle, Lest)		IVIL SERV		AME (First, Middle, Maide	OVERNMEN Sumame)	VT			
) BE	JOHN HALL 19a. INFORMANT'S NAME (Type/Print)	15	b. MAILINO AODRE	BERTHA SS (Street and Number or Rura		vn, State, Zip Code)			
10	MARY FRANCES HALL			170. LEXIN						
	1 Strial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	cemetery, cre	and date of disponentiations or other please JAMES CAT		- 1	OCATION — City of KINGTON				
	EDWARD N. BRINS	SPIELD, JR. MOO	22 E	RINSFIELD FT 9 N. WASHING	ACILITY INERAL HOME	7				
	23. PART I. Enter the diseases, or com- shock, or heart failura. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each line	a.				Approximate interval Between Onset and Daath			
TION	Sequentially list conditions, if any, leading to immediate Description Construction Const									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
AL	PART II. Other significant conditions of	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?							
PHYSICIAN: MEDIC	- and	Arter D	hsego	>		1 YES 2 NO				
ICIA		OSPIJAL:	ОТНЕ							
HYS	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	,			
ВУ	1 Natural 5 Pending 2 Accident Investigation		INJURY M	WORK? 1 YES 2 NO	19.553141					
ETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — All home, farm, street, factory, office City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, de On the besis of examination and/or	eath occurred at the Investigation, in my	time, data and place, and du opinion, death occured at th	e to the cause(a) and ma e time, data and place, a	nner as stated.	se(a) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	el mis	7)	29c. LICENSE NO		29d. DATE SIONED (Month, Day, Year) 12/0891				
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE			206		. 2//			
	KIRAN, MEHTA MD 31. DATE FILED (Morith, Day, Year)	SHANTI MEDICA 32. REGISTRAR'S SIGNATURE	AL CENTE	R, LEONARDTO	WN. MARYLA	ND 206	50			
	NFC 1 0 '92	S. C. Naindren-A	andelle							



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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a more steen death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed w	n and comp to bunial, ci	imatic eve
). BOX	ertificate be	ing physicia rgiene prior	other trau
S, P.0	e death c	he attend Mental Hy	jury, or
ORD	s that th	afth and	any in
REC	w require	been sig	S shows
ITAL	N: The la	icate has State Del	Item 2
OF V	HYSICIA	his certif with the	ked, or
NOI	NDING P	R. After t ar death	is mar
SIVIS	OR ATTE	DIRECTO	tem 28
	SPITAL	INERAL I	NT: If
	2	25	100

*92

31. DATE FILED (Month, Day,

AR HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

KRISHAN MATHUR M.D. PEMBROOKE SQUARE SUITE 303 HIGHWAY

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randale

												9	32	35	804
		FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIENI				
Г		1. DECEDENT'S NAME (First, Middle, Last)			-11111	IOAII	- 01	שבחו		2 DATE	OF DEATH			3. TIME OF	DEATH
		BESSIE	FA	ΥE		НАҮІ	ES			MONT	EMBER		992	1:29	
		4. SOCIAL SECURITY NUMBER 213-44-6442	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 NRS. MIN.	7. OATE (Mont	of BIRTH h, Day, Year) 20-190	٥	Countr	PLACE (State y) ginia	or Foreign
-		9e. FACILITY NAME (If not institution, give st		04		Oh CITY	. TOWN O	D I OCATI	ON OF OF		20-170		V T T	7	
	SR	Old Indian Head I		. 2 Box	16		ndia			AID			rles	EAIN	
	5	RESIDENCE OF DECEDENT			_										
	DIRECTOR	10e. STATE 10b. COUNTY			77	Y, TOWN								10d. INSIO	3?
			RLES		I	NDIA	_	EAD						1 YES	
	FUNERAL	10e. STREET AND NUMBER					100	ZIP COD	E					VHAT COUNT	TRY?
	Ä	RTE. 2 BOX 16						064	-				USA		
	5	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES? 1	T EVER IN U.S. AR	MED						N? (Specify Yee Ricen, etc.)	or No-	14. RACE Black	 America White, atc. 	n Indien,
	B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE V	MAR OR DATES ^			1 NES	2 XXNO	Specify	<i>r:</i>			Speci	w: White	
- }		15. DECEDENT'S EDUC	CATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	N		188	. KIND OF BUS	INESS/IND		WITCE	
		(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5	(G	ive kind of Do NOT u	work done	during mos	st of worki	ng						
	COMPLETED	7	Conege (1-4 of 5		Hous	ewif	e				Home				
nce.	OM	17. FATHER'S NAME (First, Middle, Last)				01121		16. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
at	EC	Thomas Jefferson	Pickle						eila	Fac	S				
notified at once.	00	19e. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	S (Street a	70000000			ber, City or Town	n, State, Zip	Code)		
noti	2	Harold Hayes			P. 0	. Bo	x 52	3. 1	a Pl	ata.	Md. 2	0646			
t be		20e. METHOO OF DISPOSITION		20b, PLACE	OF DISPO	SITION ///	eme of cen	netery crer	natory or	000		CATION —	City or To	wn, State	
Ē		4 Donation 5 Other (Specify)	oval from State	Mt.	Rest	Cem	eter	У			La	Plata	a. Mo	d.	
ner		21. BIGNATURE OF FUNERAL DIVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUNTT FUNERAL HOME													
шех		Bonjamin Ma		M0065	Ω								00.44		
ca	=	23. PART I. Enter the diseases, or o			-						ldorf.				roximata
or other traumatic event, the medical examiner must be		ahock, or heert failure.						,				,	,	inter	vai Between
the		iMMEDIATE CAUSE (Finel disease or condition resulting in death) a. SQUAMVS CELL CANCER									2	ot and Doath			
ent,		resulting in deeth)	OUE TO	(OR AS A CONSE	OUENCE C	PF):				1 - 0.				-	78.
2 eV	-			FO	RA	1		A	vi -	TY				ļ	
mat	RTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO	(OR AS A CONSE						, (
Tage	S	cause, Enter UNDERLYING	c												
the	Ē	that initiated events		(OR AS A CONSE	OUENCE C	F):									
10	ᇤ	reaulting in death) LAST	d												
any injury,	0	PART ii. Other aignificant condition	a contributing to	death but not i	reauiting	in the u	nderivino	causa	given in	Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTO	PSY FINDINGS
TY I	EDICAL	PERFORMEO? AVAILAI COMPL								AVAILABLE COMPLETIO	PRIOR TO ON DF CAUSE				
20											1 YE\$ 2	□ NO		OF DEATH?	
shows	Σ													1 TYES	2 NO
23	AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF 0	DEATH (Ch	eck only o	(ne)				
or item 23	SICIAN	EXAMINER?	HOSPITAL:	ER/Outpatient 3	n III now	OTHE	R:	i			er (Specify)			-	
	≟	27. MANNER OF DEATH	28e. OATE OI	FINJURY	28b. Tit	WE OF	28c. INJ	URY AT			SCRIBE HOW I	NJURY OC	CUREO		
marked,	۵ ا	1. Natural 5 Pending Investigation	(Month, L	Jay, Year)	I IN	JURY	1 🗌 '	PRK? YES 2 [_ NO						
E	D BY	2 Vaccident investigation 3 Suicide 6 Could not be	28a. PLACE (OF INJURY — At he	ome, farm,	street, fac	tory, offic	•			CATION (Street of	ind Number	r or Rural i	Route Numbe	N,
co 4 Homicide determined															
Herr	MPLET	29e. CERTIFIER (Check only	CIAN: To the best o	f my knowledge, de	eath occur	red at the	time, date	end place	, end due	to the c	ruse(e) end mer	mer as ata	ted.		
IMPORTANT: If Item	0 1	one)	R: On the beele of	examination and/or	Investigati	on, In my	opinion, d	leath occu	red at the	time, dat	e end plece, en	d due to th	he ceuse(i	a) and mann	er an stated.
RTAB	Ö	29b. SIGNATURE AND TITLE OF CERTIFIE	A	t. 1				29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day	Ybar)
MPO	0 86	Knigh F	1. Ma	ttin				D-2	2835	2		>	13	8	192
-	\simeq	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ICE OF OFATH ATE	M 27 (Tm	- Delect									

301 SOUTH

20603

WALDORF MD.

N	ا	N. Tilled	
BALTIMORE, MARYLAND 21215-0020	24 nours after death, Page 6 may be retained by the hospital or attending physician,	filled in by the funeral director, page 5 should be detached for use as the burial-transit it on, or removal.	he medical examinar must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		NENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las Arkie Mae Her	•			2. DATE OF DEATH	AV VEAR	3. TIME OF DEATH 7:55 AM
	4. SOCIAL SECURITY NUMBER 403-22-4396	1 M 2 K F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, pay, Year) 2/14/1922	Cou	orthPLACE (State or Foreign intry) Lan Cty., Kty
TOR	9a. FACILITY NAME (H not institution, given Union Hospital C			Elkton	EATH	Cecil	DEATH
DIRECTOR	10a. STATE 10b. COUL	ecil		own or Location			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	16 Cooper Ave.			101. ZIP CODE 21914		U.S.A	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	13. WAS DECENDENT OF HISPA If yea, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, atc.
COMPLETED	15. DECEOENT'S E (Specify only highest gra Elementary/Secondary (0-12) 1.2	DUCATION ide completed) Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no Nurse	done during most of working		siness/industro	,
BE COM	17. FATHER'S NAME (First, Middle, Last) John Kelly		AME (First, Middle, Meiden anda Creech				
5	190. INFORMANT'S NAME (Type/Print) Larry L. Hensley			oness (Street and Number or Rural den St. Charl			
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	b. PLACE AND DATE OF D emetery, crematory or other Union Ce	place) metery	12/10 E	cation – city or Lkton, M	
	21. SIGNATURE OF PONEBAL SERVICE	t. Una	25	22. NAME AND ADDRESS OF F Crouch Funera 127 S. Main S	1 Home	Fact M	D 21001
	23. PART I. Enter the diseases, o shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF):		ch as cardiac or resp	iratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF): A CONSEQUENCE OF):				
MEDICAL CE	PART II. Other significent condition	ons contributing to death	but not resulting in t	he underlying cause given in	Part i. 24a. WAS AN PERFOI 1 YES	RMED?	14b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA A Nursing Home 5 Residence 6 Other (Specify)						INJURY OCCUREO	
						al Route Number,	
COMPLET				t the time, date end place, and du n my opinion, death occured at the			e(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF DEMTH 30. NAME AND ADDRESS OF PERSONAL	Y	N. O. C. C. C. C. C. C. C. C. C. C. C. C. C.	29c, LICENSE NU	MBER 32395	29d. DATE SIGN ▶ 12/7	ED (Month, Day, Year)
	Thomas E. Fi				ast, MD 2	1001	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		HOLEH E	abe, 110 Z	1901	

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trees	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIEN		33000
- 1	1. DECEDENT'S NAME (First, Middle, Last	,			2. DATE OF DEATH		3. TIME OF DEATH
	Mae. C.	Hedges s. sex /s. Age (In				6 92 VE	10:45 am
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In		IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
9	219-30-3285	1 □ M 2 📈 F 89	YRS. MONT	HS DAYS HOURS MIN.	(Month, Day, Year) 05-23-03		Baltimore, MD
	9a. FACILITY NAME (If not institution, give	street and number)	9b. (TTY, TOWN OR LOCATION OF D		9c. COUNTY	
DIRECTOR	Howard County	Howard County Hospital Columbia RESIDENCE OF DECEDENT				Howa	rd Co.
E	10a. STATE 10b. COUN		10c, CITY, TOV	IN OR LOCATION			10d. INSIDE CITY LIMITS?
		ltimore Co.	Reisa	terstown			1 TYES 2 NO
\A	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	27 Chatsworth			21136		USA	
필	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN C FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico		s or No— 14.	RACE American Indian, Black, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 YES 2 X NO Specif	y:	- ,,,	spogny:)hite
	16. DECEDENT'S ED	UCATION	6a. DECEDENT'S USUA	L OCCUPATION	16b, KIND OF BU		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do Me. Do NOT use retire	one during most of working		01112001112001	
AP.	12		Housewi	he			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden	Surname)	
BE C	Joseph Schanbe	rger		Mary S	Slate		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural	Route Number, City or Tox	vn, State, Zip Coo	io)
F	Lynn P. Szcepa		27 Chats	sworth Ave., 1	Reisterston	un, MD	21136
	20a. METHOD OF DISPOSITION 1) West Burlel 2 Cremation 3 Rei	moval from State 20b. P	LACE AND DATE OF DIS	POSITION (Name of	DATE 20c. LC	CATION - City	or Town, Stata
	4 Donation 5 Other (Specify)	Ba	ltimore No	itional Cem.	12/9/92 Ba	ltimore	, MD
l i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstow						isterstown RD
	C. Bua	in Towell		Eline Funera	ul Home Ri	eisters	town, MD 21136
	23. PART i. Enter the diseases, or	complications that caused to. List only one cause on each	he death. Do not er				Approximate
	IMMEDIATE CAUSE (Final	Litt only one cause on eac	ii iiie.				interval Between Onset and Death
	disease or condition resulting in death)	. I nec mon	16				
		DUE TO (OR AS A C	CONSEQUENCE OF):				
NO	Sequentially list conditions,	b. DUE TO (OR AS A C	11				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A C	ONSEQUENCE OF):				
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A C	ONSEQUENCE OF):				
E	resulting in death) LAST	4					
		0					
ÄL	PART ii. Other significant condition		not resulting in the	underlying cause given in	Part i. 24a. WAS AM PERFO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ğ		front is			1 YES :	2 □ NO	OF DEATH?
M					_ 1		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL						
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C/	117		
¥.	1 VES 2 NO 27. MANNER OF DEATH	1 Ø Inpetient 2 □ ER/Outpat	lent 3 DOA 4 D	Nursing Home 5 Residence 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	IN KIEW OOM IN	
<u>a</u>	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	286. DESCRIBE HOW	INJURY OCCUPI	ED .
B	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	- At home, farm, street.		26t. LOCATION (Street	and Number or B	tural Brutta Number
딢	4 Homicide 6 Could not be determined	building, atc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or Town, State)	to at 110the 110thout,
	294. CERTIFIER 1 CERTIFYING PHY	SICIAN. To the best of the standard		nai	Distriction of the	DA CHES	
COMPLETED		SICIAN: To the best of my knowled NER: On the besis of examination a					useda) and manner on eleted
	29b. SIGNATURE AND TITLE OF CERTIFI						
B		Tr.		D226		29d, DATE SIG	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PENSON W	/HO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type Print)	NECI	r /	12	10617
	60-17	Plan	, , () post , (m)				
, u							
	31. DATE FILED (Month, Day, Year) DEC 9 92	32. REGISTRAR'S SIGNAT					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

120	REGISTRAR		CERTIF	CATE OF	DEATH	REG	NO.		
100	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		. 3	. TIME OF DEATH
1	FRANCES	EARL	Т	NMAN		1 2	0.8	YEAR 9	10:40 AM
			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		- sp	ACE (State or Foreign
y.	531-30-0468	XX M 2 🗆 F 67	YRS.	MONTHS DAYS	HOURS MIN.	Sept 22		Country)	
	Se. FACILITY NAME (If not institution, give stre			9h CITY TOWN	OR LOCATION OF DE			NTY OF DEA	tucky
œ							9C. COO!	NIT OF DEA	ain .
6	CALVERT MEMORIA	AL HOSPITA	AL	PRINC	E FREDE	RICK	L CAI	JVERT	7
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCA	TION			1	Od. INSIDE CITY
2	Maryland St. M	larv's	Par	k Hall				1,	LIMITS?
	10e. STREET AND NUMBER	<u> </u>	7 101		, ZIP CODE		10a, CITI		AT COUNTRY?
BY FUNERAL	P.O. Box 142				20667			J.S.A	
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 WAS DEC	ENDENT OF HISPAN	IC ODICIND (C			
ᇤ	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexican	, Puerto Rican, et	c.)	Block,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OH I	DATES	1 YES	2 NO Specify:			White	e
8	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S L			16b, KIND O	F BUSINESS/IND		
ш	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we Me. Do NOT use	ork done during mo retired.)	ist of working				
P	8th Grade		Self-Em	ploved		Rest	aurant		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM				
0	Louis	Inman			Thelma	, ., .,	Hen	137	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADORESS (Street o	nd Number or Rural R	nute Number City		7	
5	Robin J. Alvey				Place, V				
	20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF				c. LOCATION —		State
	1 Donation 5 Other (Specify)	ral from State Cal	metery, crematory or oth ee Cremat	er place)	12/10		Clinton		
	21. SIGNATURE OF FUNERAL SERVICE LICE		oc or and c		ID ADDRESS OF FAC		ZIIICOII	, I'RIL	утана
	300 D	fly.	0.				uneral	Home	. P.A.
	VI nchaex	Hard	esser	P.O.	Box 270,	Leonard	dtown, 1	Maryl	, P.A. and 20650
	23. PART I/ Enter the diseases, or co shock, or heart failure. Li	mplications that cause	d the death. Do no	t enter the mo	de of dying, such	as cardiac or	respiratory arr	est,	Approximate
	IMMEDIATE CAUSE (Final			1	Λ.	1	-		Onset and Death
	disease or condition resulting in death)	Mound	a com	LICATIN	a trate	1008 B	notice.		
	a.	DUE TO (OP AS	S COMP ACONSEQUENCE OF	:	0	1000	5/0/10		
z	~	Con	diorage	lor	Viscas	e			
0 1	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:					
Ĕ	If any, leading to immediate cause. Enter UNDERLYING								
ICATIO	CAUSE (Disease or Injury								
TIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:					
ERTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF)	:					
L CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST				a cause alven in l	Part I. 24a, W	VSQCITILLA NA 24	24h W	FER AUTOPSY FINDINGS
ICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	contributing to death			g cause given in F	PE	AS AN AUTOPSY ERFORMED?	A	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMM FITON OF CAUSE
DICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST	contributing to death			g cause given in f	PE		C	VAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE 0	F MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	0	F DEAT	H		REG. NO.

1 - FOR STATE OF STAT	MARYLAND / DEPARTN CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
GWENDOLYN HELEN JOHNS	ON		December 13, 1	1992 10:02 A M
4. SOCIAL SECURITY NUMBER 5. SEX		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)
220-04-7903 1 □ м 2 🗵	F 24 YRS.	NTHE DAYS HOURS MIN.	July 1, 1968	Maryland
9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DI	EATN 9c. COU	JNTY OF DEATN
Garrett County Memorial RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		Oakland DWN OR LOCATION	Gan	rrett
Maryland Garrett	0akl:			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Oaki	101. ZIP CODE	10a. CIT	1 TYES 2 NO
206 E. Omar Street		21550	USA	
	DENT EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPAI	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,
	1 ☐ YES 2 ☑ NO E WAR OR DATES	If yes, specify Cuban, Mexics 1 YES 2 NO Specify		Specify: White
15. DECEDENT'S EDUCATION	44- 05050511510 1101	1		
(Specify only highest grade completed)	We Do NOT use or	done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY
Elementary/Secondary (0-12) College (1-4 o	Student		School	
17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NA	ME (First, Middle, Melden Surname)	
Von William Johnson		Fannie	Ward Hinebau	ıgh
19e. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, State, Zi	
Von W. Johnson			kland, Md. 215	
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b.PLACEANDDATEOFD commetery, cremetory of other Garrett Memo	orial Gardens		d, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY	
*Kolut H Lline	≠ M00167		l Home - Oaklar	
23. PART I. Enter the diseases, or complications shock, or heart feliure. List only one IMMEDIATE CAUSE (Finei disease or condition resulting in death)	TO (OR AS A CONSEQUENCE OF):	Ashrocy fow		Approximate interval Between Onset and Desth
cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE OF):	4		
PART II. Other significent conditions contributing	to death but not resulting in t	he underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATN? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch	eck only one)	
- nogenac		THER: Nursing Home 5 Residence	6 Other (Specify)	
1 Netural 5 Pending (Mont	OF INJURY 28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE NOW INJURY OC	CURED
2 Accident Investigation 3 Suicide 6 Could not be determined	E OF INJURY — At home, farm, streeting, etc. (Specify)		261. LOCATION (Street end Number City or Town, State)	r or Rural Route Number,
20a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the besis of				
296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		TE SIONEO (Month, Day, Year)
Todd Tutto m	>	D393	14	12/14/92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF OFATH (ITEM 27) (Type Pric	-4)		

Sec.	,
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa	franco
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1 - FOR STATE REGISTRAR

)		1. DECEDENT'S NAME (First, Middle, Lest) A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) F UNDER 1 YEAR IF UNDER 24 H	1	2/03	193	3. TIME OF DEATH 430 P.M.
pino		4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 H NONTHS DAYS HOURS MONTHS BB. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION (In the control of the control o	IN (Mo)	9 /02/4		RTHPLACE (State or Foreign unity) MD,
3 should	DIRECTOR	UNIVERSITY OF MARYLAND MEDICAL SYSTEM Baltimore,	MÀ			H' More Co
A)		100. STATE 100. COUNTY 100. COUNTY 100. CITY, TOWN OR LOCATION E, N. Marka	+ 1	D.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
physician, burial-transit per	FUNERAL	100. STREET AND NUMBER RT., 16 P.O. BOX 173 101. ZIP CODE Last New Market MD, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED 13. WAS DECEMBENT OF IN			7	IS A
attending physician, se as the burial-trar	BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, M	ISPANIC ORIG lexican, Puerty Specify:	INT (Specify Yes or o Rican, etc.)	В	ACE — American Indian, lack, White, etc. pocity: Black
spital or att	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) The Control of the properties of the prop		6b. KIND OF BUSIN	ESS/INDUSTR	Y
by the be det	BE CON	17. FATHER'S NAME (FIRST, MICHIG. LOST) GOTHLE HARRINGTON JOHNSON SR. M	O.b /	e Re Re	name)	Keene
ay be retained the page 5 should the notified	ТО	190. INFORMANT'S NAME (Type/Print) Patricia Juhnsun 508-Dobson 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION	V ST	L. Cai	MBR.	dge, MD,
rector,		TX Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	emet 1	29 Mee	KINS	Neckins,
e funerali.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF HENRY 510 - Was	Shin	raton	How 3th C	ambridge, MD
d within 24 hours after smooth of the completely filled in by the common or remove event, the medical		3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):	such as ca	idac or respirat	ory arrest,	Approximate Interval Between Onset and Death
be executed clan and com for to burial, in	ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)	ty, m	PASSIVE GI BLEE	astro In D	TEST TAKE
e death certificate he attending physi Mental Hygiene pri jury, or other ti	CERTIFI	that initiated events DUE TO (OR AS A CONSEQUENCE OF):	AGULA			
that the ed by the th and M any inju	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give	n In Part I.	24a. WAS AN AU PERFORME 1 YES 2	97	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law no certificate has be the State Dept., d., or item 23 s.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH 26. PLACE OF DEATH 27. PLACE O				
NG PHYSICIA fler this certif eath with the marked, or	ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Day, Year) 280. OATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 1 VES 2 NK	28d. DI	ESCRIBE NOW INJU	RY OCCURED	
DR ATTENDING PORTECTOR: After the hours after death view 28 is mark	ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281. LO	CATION (Street and by or Town, State)	Number or Rur	al Route Number,
	COMPL	29a. CERTIFIER (Check only One) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and One) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at				ee(a) and manner as stated.
TO THE HOSPIT TO THE FUNER. De filed within 7	TO BE	29c. LICENSE 29c. LICENSE	NUMBER	29	M. DATE SIGN	13 92
3		TAMES S. Shecter, M.D UNIVERSITY OF MA 31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE	RYLAN	IN MED	CAL	5XSTEM
		DEC 11'97 Savidson-Rendell				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21203-3146

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (ILA) in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing payers after death. Page 6 may be retained by the hosp

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

See Packet In Name (Freez, Middle, Last) See County Own Rolemann	2 22010								
4. SOCIAL SECURITY NUMBER 216-22-9471 1	110 1 - 1 - 1								
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106. STREET AND NUMBER 106. ZIP CODE 21157 109. CITIZEN OF 1500 LOCUST AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT OF HIBPANIC ORIGIN? (Specify View or Normal 1 1 1 1 1 1 1 1 1 1	10d. INSIDE CITY LIMITS? 1. YES 2 NO								
Security Security	F WHAT COUNTRY?								
15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION (Give and of working life to Morth as retired.) 166. KIND OF BUSINESS/INDUSTRY (Give and of working life.) In the mode of working life. Developed in the death of working life. Developed in Developed in the death of working life. Developed in the death of the death of working life. Developed in	ACE — American Indien, lack, White, etc. pecify: White								
DEFINE COOK 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 20b. PLACE OF DISPOSITION (Name of comatery, crematory or 1 20c. LOCATION — City or Other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster 191 Westminster	,								
DEFINE COOK 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 20b. PLACE OF DISPOSITION (Name of comatery, crematory or 1 20c. LOCATION — City or Other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster Myers Funeral Home 191 Willis Street Westminster 191 Westminster									
20b. PLACE OF DISPOSITION 10kBurlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometors, crematory or other place) 20c. LOCATION — City or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 10kBurlel 23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart feliure. List only one cause or each line. IMMEDIATE CAUSE (Final disease or condition 25									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home Ol Willis Street, Westminster shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED?	Approximate interval Between Onset and Death								
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED?	If sny, leading to immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Que TO (OR AS A CONSEQUENCE OF): Que TO (OR AS A CONSEQUENCE OF):								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 THO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Mursing Home 5 Recidence 6 Other (Specify)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 PRO								
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 26. DATE OF INJURY MORK? 1 YES 2 NO 28b. TIME OF INJURY AT WORK? 1 YES 2 NO									
1 250, PLACE OF INJURY — At home term street fectory office 1 261 LOCATION (Street and Number of Rus	al Route Number,								
City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated.	io(e) end manner ee stated.								
296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. D14992 12	NED (Month, Day, Year) 8 9 ≥								
EPHRAIM BARZACA HEW WINDSOFF, 31. DATE FILED (MONIN, Day, Year) J. REGISTRAR'S SIGNATURE DEC. 9 32 Segustrar'S SIGNATURE J. S. REGISTRAR'S SIGNATURE DEC. 9 32 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DEC. 9 Segustrar'S SIGNATURE DE	md. 21776								

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DALLIMONE, MARTLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached fivr use as the buriant-bases name
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Casper

E.

31. DATE FILED ANOTHS DO TO THE PORT 1992

Cline

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMEN	T OF H	HEALTH DEA	AND	MENTAL HYGIE	IVE	2 3	1581	1
	1. OECEOENT'S NAME (First, Middle, Last)				iorti		DEA		2. DATE OF OEATH	0.	1	3. TIME OF OF	ATU
		RICHARD WARREN KETTELLS SR					MONTH	DAY	YEAR		ALC:		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia:		1	RIYEAR	_	R 24 HRS.	11	14	92	4:00	_ A M
	215 12 2422	1 € M 2 🗆 F			MONTHS	DAYS	HOURS	MIN.	7. OATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	LACE (State or I	Foreign
	215-10-2493	1	7	6 YRS.					3-21-191	6	Conne	ecticu	t
~	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF O	EATH	9c. COL	UNTY OF OEA	ITH	
DIRECTOR	Frederick Memori	ial Hospi	ital		Fr	eder	ick			Fre	dericl	le.	
5	RESIDENCE OF DECEDENT									1110	delici		
2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION				1	IOd. INSIDE CIT	ΓY
□	Maryland Frede	rick		Fre	eder	ick					1	YES 2	NO
AL	10e. STREET AND NUMBER						. ZIP COC	Œ		10g. CIT		AT COUNTRY?	
EB	617 Taney Avenue						2170	2					
FUNERAL	11. MARITAL STATUS		TREVER IN U.S. AF	RMEO	12		2170		NIC ORIGIN? (Specify)		S.A.		
I	1 Never Married 2 Married	FORCES? 1	YES 2 1	NO		It yes, sp	ecify Cub	an, Maxica	an, Puarto Rican, atc.)	as or No-	14. RACE - Black, 1	 American Ind White, atc. 	Man,
ВУ	3 Wildowed 4 Divorced	WW I. T	WAR OR OATES			1 TYES	2 □XNO	Specif	fy:		Specify:		
Q	15. OECEOENT'S EOUG		160 05	CEOENT'S	Henn o						l	White	
I	(Specify only highest grade	completed)	(G	ive kind of a	work done	during ma	ost of work	ing	16b. KINO OF E	USINESS/IN	OUSTRY		
۲	Elementary/Secondary (0-12)	College (1-4 or 5	•) ""	. 50 1101 0	se roureu.)								
COMPLETED	ll years		MV	A									
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First, Middle, Malde	n Sumame)			
Щ	Jesse Cleveland	Kettells	3				Mat	i 1da	Mierendo	rf			
) B	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	AOORES	S (Street a	nd Numbe	r or Rural	Route Number, City or To	wn, State, Zi	in Code)		
5	Mrs. Easter May	Crum	- 1									700	
	20a. METHOO OF DISPOSITION		20b. PLACE					Fre	derick, M				
	1 1 Burial 2 Cremation 3 Ramo	val from State	cemetery, cre	matory or o	ther place)				1	OCATION —	City or Town	ı, Stata	
	21. SIGNATURE OF FUNDRAL SERVICE UC		- Mount	Oliv					111/15	Frede	rick.	Mary1a	and
	The state of the s	Desce D	0 . 1					SS OF FA					
	Dohert C	hau	eixt	1					LEY & SON				
	23. PART I. Enter the diseases, or o	omnilassines the	Complete Mary	oth Do		201	NORT	H MA	RKET ST.	EREDE	RICK.		
- 1	23. PART I. Enter the diseases, or contents to be been to be be been to be be	ist only one cau	se on such line).	iot enter	the mo	ae or ay	ing, suc	n as cardiac or res	piratory ar	reat,	Approxim	
	IMMEDIATE CAUSE (Final disease or condition	1.	1 6		١							Onsetjan	
	reaulting in death)	[[5]	110	P ~4	In	1 1/1	6 1	5 6	· · ·	april 1		116	
		OUE TO	(OR AS A CONSE	UENCE O	F):				1			1	-
z		Atl	.1105	1	1 10	- "		1.1	P				
일	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	DYENCE OF	F):	7)	V	1			Ve	175
8	cause. Enter UNDERLYING		A	1	()	5	1	11	to ans		-	1/	11)
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A CONSEC	DUENCE OF	1	14	1-1	011	· (ans	119	5-	-/-	
E	resulting in death) LAST						/			/		İ	
8												ļ	
4	PART II. Other significant conditions	contributing to	death but not r	eaulting	n the ur	nderlylng	cause	given in	Part I. 24a, WAS A	N AUTOPSY	24b. W	ERE AUTOPSY F	FINOINGS
2	(hru.	2.2	2 stry	4	110			1000		RMEO?	A	WAILABLE PRIOR	OT F
	01		23711	5	12				1 TYES	2 NO		OMPLETION OF FOEATH?	CAUSE
Σ	pulu	0-0-01	476	54	9						1	YES 2	NO
PHYSICIAN: MEDICA					,								
¥ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF C	EATH (Ch	eck only one)				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHEI		. 5 ∏ B	aldence	8 Other (Specify)				
±	27. MANNER OF DEATH	28a. OATE OF	INJURY	28b. TIM		28c. INJ	-	Tardelice	28d. DESCRIBE HOW	IN HIRV OC	CUBED		
	1 Natural 5 Pending	(Month, D	ny, Year)		URY	WO	RK?	7 410	avo. DESCRIBE NOW	INSUNT OC	CONED		
BY	2 Accident Investigation	28a PLACE O	E IN HIDY ALL				_	_ NO					
	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At ho atc. (Specify)	me, term, s	Rreet, tect	tory, office			28f. LOCATION (Stree City or Town, State	and Number	r or Rural Rout	te Number,	
4	29a. CERTIFIER Check only	IAN: To the best of	my knowledge, de	ath occurre	d at the t	ime, data	and place	, and due	to the cause(s) and m	nner as stat	ted.		
COMPLETED									time, data and place, a			nd menner ::	mbat c d
	296. SIGNATURE AND TITLE OF CERTIFIER	-	7	-	,	,		(11)	veta and praca, I	TO BUT TO	ceude(s) 80	nu menner as a	mated.
H	The state of the s	. 61	X ·				29c. LICI	ENSE NUN	MBER	29d. OAT	E SIGNEO (M	lonth, Day, Year)	
<u>و</u> ا	way	111	/	-15	1	7		17.		P 7	11/16	192	_
F- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CADE	E OF DEATH OTHE	5 om cr	0.1.1	3					_		

Frederick.

Maryland

WHO COMPLETED CADE OF DEATH (ITEM 27) (Type, Print)

I MD 300 West Ninth Street
32. REGISTRAR'S SIGNATURE

THE COMMISSION OF THE PROPERTY OF THE PR

92 35812

1	-	FOR STATE REGISTRAR	
_	_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR		CE	ERTIF	ICATE OF	DEA	I H	REG	NO		
i	1. DECEDENT'S NAME (First, Middle	Last)						2. DATE OF DEA			3. TIME OF OEATH
1	Emma Louise	e Kidd						MONTH	DAY	2 YEAR	1232
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR	IF UNDE	24 HRS.	7. DATE OF BIRT	н	A BIE	TTHPLACE (State or Foreign
	219-14-8456	1 🗆 M 2 🖫 F	67	YRS.	MONTHS DAYS	HOURS	MIN.	2/23/2	er)	Cou	untry)
	9a. FACILITY NAME (If not inetitution		01		9b. CITY, TOWN	OR LOCATI	ON DE DE		-	DUNTY OF	D
Œ	Carroll Cour	ntw Gen	Hoenita	7		tmin	****				
5	RESIDENCE OF DECEDER	NT GEIL	nospr va		wes	CIII T II	STET			Carr	.011
DIRECTOR	242101	COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
	MD (Carroll			Wes	tmin	ster	•			LIMITS?
AL	10e. STREET AND NUMBER				10	H. ZIP COD	E		10g. C	TIZEN O	F WHAT COUNTRY?
FUNERAL	70 Bond Stre	eet				211	57		II.	S.	
5	11. MARITAL STATUS		NT EVER IN U.S. ARI	MED	13. WAS DE	CENOENT (F HISPAN	IC ORIGIN? (Speci	ly Yes or No-	- 14. RA	ACE American Indian,
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	1 YES 2 X N	10	If yes, a 1 ☐ YE	pocify Cube 3 2 X NO	n, Mexican Specify:	, Puerto Rican, et	c.)	1.7	eck, White, etc.
	Local Action									W	hite
COMPLETED	15. OECEDENT* (Specify only highes	S EDUCATION t grade completed)	16a, OE(CEDENT'S	USUAL OCCUPATI work done during more retired.)	ON ost of world	na		F BUSINESS/		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)		-		•		othir		
N N	12		0	ffic	ce work	_					rican
8	17. FATHER'S NAME (First, Middle, La	•						AE (First, Middle, M		•	
BE	William Zile							Rebec			r
2	19e. INFORMANT'S NAME (Type/Print							loute Number, City o		,	
	Mr. Michael	E. Kidd	70			_	We:	stmins			21157
	20s. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3		20b. PLACE A cemetery, crer	MALORY OF O	of disposition (A ther place) 28 Ceme	ame of			c. LOCATION		
	4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV		- St.	Jame	22. NAME A			12/12	New	Win	dsor, MD
					Prit	ts.	Fune	ral Ho	me &	Cha	nel
	Robert	K. Prit	ts. Sr.		412	Wasl	ning	ton Rd	. We	estm	inster, MD
	23. PART I. Enter the disease:	s, Dr complications the	et caused the des	ath. Do r	not enter the me	ode of dy	ing, such	as cardiac or	respiratory	arreat,	Approximate
- 1		nord. Link Only Dile Cal	Dec Du gacii lilie.								
	IMMEDIATE CAUSE (Final				0	0.0		Λ Λ	1		Interval Between Onset and Death
	disease or condition	. MA	SS1 V 8		PUL	m	0N1	ARY	Emp	Poll	
	disease or condition resulting in death)	-	OR AS A CONSEC	2		m	0N1	ARY	Emp	Poll	
NO	disease or condition resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	m.	0N1	ARY	Emp	Poll	
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO		DUENCE OF	F):	m.	0N1	ARY	Emp	Poll	
FICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO	O (OR AS A CONSECU	DUENCE OF	F):	m	0N1	ARY	Emp	Soll	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSEC	DUENCE OF	F):	m.	0N1	ARY	Emp	3011	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEO	DUENCE OF	F): F):			/	Emp	BOLI	
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSEO	DUENCE OF	F): F):			Part J. 24a, WA	S AN AUTOPS		Onset and Death day 4b. WERE AUTOPSY FINDINGS
	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEO	DUENCE OF	F): F):			Part I. 24a. Wi	S AN AUTOPS		Onset and Death
DICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEO	DUENCE OF	F): F):			Part I. 24a. Wi	S AN AUTOPS		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permut. De field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\times\$-\text{out}\$ after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 2.3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal. IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other transmittle event, the medical examiner must be notified at once.
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29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29a. LICENSE NUMBER 29d. DATE SIGNED (Month). Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month). Day, Year) 32. REGISTRAR'S SIGNATURE		2 Accident	28e. PLACE OF INJURY	Y — At home, farm	, street, fa	ctory, offi	ce					per or Rural F	Route Number,
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. (Check only one)	TE	4 Homicide determined											
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (MORD). DBY, 1960) 13/4/97 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pring) 105/101	PLE		N: To the best of my know	wledge, death occu	rred at the	time, del	e end plac	e, and du	e to the cause	(e) end ma	nner as a	teted.	
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (MORD). DBY, 1960) 13/4/97 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pring) 105/101	OM	one) 2 MEDICAL EXAMINER: C	In the basis of examination	on and/or investigat	tion, in my	opinion,	death occ	ared at the	e time, date ar	nd place, e	nd due to	the cause(e	e) and manner as stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Prig) 10. Lite M. Evangelista Salishurry not 2150 31. DATE FILED (Month, Day, Mar) 32. REGISTRAR'S SIGNATURE	ш	200. SUGNOTIFIE AND TITLE OF CENTIFIER		1.0			29c. LK	CENSE NU	IMBER		29d. D/	ATE SIGNED	(Month, Day, Year)
(1) Lito M. Evangelista Salishury not 1/50)	00	Syelle	SV	48			1/2	-76	70		1 0	13/4	492
31. DATE FILED (Month, Day, War) 32. REGISTRAT'S SIGNATURE 32. REGISTRAT'S SIGNATURE JEC - 9 '97 32. REGISTRAT'S SIGNATURE	ř	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	EATH (ITEM 27) (TH	oe, Print)		100	= P.	rie	- R	- Der	the 1	Rd #4
DEC - 9'97 sundon-Randon-Randon		in city	I so secure	94119	7 0		Sa	Sus	hur	4	M	1 1	150/
		DEC - 9 '97	JZ. NEGISTRAM'S SIG	Cavidson-A	andell	2				0 /			



BALTIMORE, MARYLAND 21215-0020

FOR

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OINIE OI III	CE	RTIF	ICATE	OF DE	N AND	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last,								OF OEATH			3. TIME OF GEATN
	Catharine Hu	rst LeGo	re					12	Н С	DY A	OTT	1:20 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs. las	t birthday)	IF UNDER 1 Y	EAR IF UND	DER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH	HPLACE (State or Foreign
	213-40-1625	1 M 2 XF	82	YRS.	MONTHS D	AYS HOURS	MIN.		th, Day, Year)	1010	Count	ryland
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATH	7-12-		UNTY OF D	
OR	Meridian Nursi	na Cente	r		Rar	dalla	st ow	n		l p	2 1 + 1	imore
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT						3 C O W	**		1	alt.	rmore
DIRECTOR					Y, TOWN OR I							10d. INSIDE CITY LIMITS?
	Maryland E	altimore			Randa	111Sto						1 TYES 2 THO
FUNERAL	9109 Liberty	Dood								1		WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	12 98		1133	NIC OBIO	N? (Specify Ye		7	States
	1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAI	YES 2 V N	10	If y	a, specify Cu	ban, Maxica	in, Puerto	Rican, etc.)	s or No-	Black	E — American Indian, k, White, atc.
BY	3 X Widowed 4 Divorced	1 120, 3112 131	ON DATES		''-	YES 2 XN	U Specii	y:			Speci	nite
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DE	CEDENT'S	USUAL OCCL	PATION	kina	168	. KIND OF BU	SINESS/IN		1100
iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)		nung					
M		1		Hou	sewif					esti	C	
	17. FATNER'S NAME (First, Middle, Lest)	-							Middle, Maiden	,		
BE	G. Lewis Wetze	1							rgol			ntz
5	G. Thomas LeGo	* 0							ber, City or Tox			
	20a. METHOD OF DISPOSITION		20b. PLACE A				enue	, Fl	nksbi		MD City or To	21048
		noval from State	St. M	natory or o	ther place!		~ * 7	1	ll Si		116111	12.12.22
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	100. 1.	u L y		ME AND ADDR			11] 51.	rver	Kui	I, MD
	Sugart	against	Mu	DIL	My	ers I	une	ral	Home			
	23. PART I. Enter the disease, pr	complications that	buned the	eth Do r	91	Will	is S	Stre	et, I	Vest	mins	ster, MD
	anock, or neart failure.	List only one couse	on sech line.	atil. DD I	int enter the	moda bi d	ying, suc	n aa cen	giac or resp	iratory ei	rest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition					0	41	-	a Co			Onset and Death
	resulting in death)	a. DUE TO (O	R AS A CONSEQ	UENCE OF	D:	7 -	- CE			7		
z	Parameter and Commission	b										j
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	UENCE OF	7:							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	с,										
	that initiated events resulting in deeth) LAST	OUE 10 (O	R AS A CONSEO	UENCE OF	7):							
		d										
CAL	PART II. Other algnificant condition	ns contributing to de	ath but not re	sulting i	n the unde	lying cause	given In	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
2	Carieno	na q	the	CO	220	1			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME		·							0			OF DEATH?
ž												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE OF	DEATH (Ch	eck only or	10)			
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2 I E	R/Outpatient 3	DOA .	OTHER: Nursing	Nome 5 🗆 I	Rasidenca	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH 1 Nillural 5 Pending	28a. OATE OF IN (Month, Day,		26b. TIMI INJ	URY	. INJURY AT WORK?		28d. DES	CRIBE NOW I	NJURY OC	CURED	
B\	2 Accident Investigation	200 81 405 05 1	H H H P N			YES 2	□ NO					
	3 Suicide 8 Could not be datermined	28s. PLACE OF I building, etc	. (Specify)	ne, term, a	treet, factory,	offica		28t. LOC City	ATION (Street or Town, State)	and Numbe	r or Runal A	loute Number,
۳ ا	29a. CERTIFIER											
MPLE	(Check only	ICIAN: To the best of m										
	(Check only 1 CENTIFYING PNYS one) 2 MEDICAL EXAMIN	ER: On the basis of exam				on, death occ	ured at the	time, data		d dua to ti	he cause(a)	
BE COMPLETED	(Check only	ER: On the basis of exam				on, death occ		time, data		d dua to ti	he cause(a)	(Month, Day, Year)
	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND THILE OF CERTIFIE	ER: On the basis of axan	nination and/or in	rveatigation	n, in my opini	29c, Life	CENSE NUM	time, data	and place, an	29d. DAT	E SIGNED	(Month, Dey, Year)
E E	(Check only 1 CENTIFYING PNYS one) 2 MEDICAL EXAMIN	ER: On the basis of axan	nination and/or in	rveatigation	n, in my opini	29c, Life	CENSE NUM	time, data	and place, an	29d. DAT	E SIGNED	(Month, Dey, Year) 10/92 122 May
E E	(Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE CO. 30. NAME AND ADDRESS OF PERSON WA	ER: On the basis of axan	OF DEATH (ITEM	27) (Type,	n, in my opini	29c, Life	CENSE NUM	time, data		29d. DAT	E SIGNED	(Month, Dey, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Aurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burfal-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

DFC. 09 '92

BE COMPLETED

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1	FOR STATE REGISTRAR	STATE OF MA	RYLAN	D / DEPAR CERTIF	TMENT	OF H OF	EALTH AND DEATH	MENTA	L HYGIEN		2 3	358	15
)	1, DECEDENT'S NAME (First, Middle, Last)	ore				-		MONT	OF DEATH	AY	YEAR	3. TIME C	
	4. SOCIAL SECURITY NUMBER			nard s. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH	U	9.2 8. BIRTH	3:	3U D "
1	225-10-5218	1X M 2 🗆 F	85	YRS.		DAYS	HOURS MIN.	(Monti	n, Day, Year) mber 2	2 10	Counti	ry)	ylvania
	9a. FACILITY NAME (If not institution, give at	reet and number)	0,5		9b. CITY, T	OWN O	R LOCATION OF D		moet 2		NTY OF D		yrvanir
DINECTOR	Physicians Memo	orial Ho	spit	a1	La	P1a	ata			Ch	arl	es	
<u> </u>	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSII	
	Pennsylvania Cam	bria		J	ohnst	own							2 NO
	10e. STREET AND NUMBER					10t.	ZIP CODE			10g. CIT	IZEN OF	WHAT COU	NTRY?
	613 Rachel St.						15902			U	.S.A	•	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2	X NO	H	yes, spe	ENDENT OF HISP/ pcify Cuben, Maxic 2 NO Spec	can, Puarto I		or No—	14. RACI Black Spec		en Indian, c.
- 11	15. DECEDENT'S EDUC	CATION	16:	. DECEDENT'S				166	. KIND OF BU	SINESS/IN	DUSTRY	AATI	IT CE
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		(Give kind of ville. Do NOT us	vork done du							1 +	15.0
	12	Anieke (1-4 ot 5+)		Real:	tor			1,	Pennsy Real	Est:	ta E.	lectr	nv TC
1	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First, I			200 0	onipa.	LIY
	Robert Leonard						011:	ie Llo	ovd				
	19a. INFORMANT'S NAME (Type/Print)			t9b. MAILING	ADDRESS (Street a	nd Number or Rura			rn, State, Zi	p Code)		
	Deborah P. Shont	Z		6 C	indv	Ct.	, Indian	n Head	d, Mar	vlan	d 20	0640	
ľ	20a. METHOD OF DISPOSITION VILL Burlal 2 Cremation 3 Plante 4 Donation 5 Other (Specify)	oval trom State	oth	ACE OF DISPOS er place)	SITION (Nam	e of cen	netery, crematory or		20c. LO	extor	City or To	own, Stata	· · · · · · · · · · · · · · · · · · ·
H	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 50	. Luke:			L V ID ADDRESS OF F	FACILITY		ancoi	1, 10		
	· Waln W.	ellin	7		W	111i	ams Fun 225 & G1	eral	Home Rd.,	Indi	an H	Head,	Md. 20
	23. PART I. Enter the diaceses, prospective induces a hock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. DUE TO (O	SIS	iina.								On	proximate ervai Between set and Death
	Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Cho	R AS A CO	NSEQUENCE OF	P:	tiv	le C	Imon	lary	Dis	ieas.	P	
THE SIGNAL MEDICAL OF	PART II. Other significent condition	s contributing to de	eath but r	not reaulting	in the und	lerlying	g cause given i	in Part I.	24s. WAS AMPERFO	RMED?	248	COMPLET OF DEATH	E PRIOR TO ION OF CAUSE
3	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH	Check only o	ne)				
2	EXAMINER?	HOSPITAL:	R/Outpatie	nt 3 🗆 DOA	OTHER:		e 5 🗆 Residence	6 C Oth	er (Specify)				
בייווי	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	JURY	26b, TIM	_	26c. INJ WO	URY AT PRICE 2 NO	_	SCRIBE HOW	INJURY O	CCURED		
)	2' Accident	20- BLACE OF	IN ILIEN	At home to-				200 100	DATION (Dimen	and Minch	a as Donal	Davida Manual	

28s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF INJURY 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30/92 D-233426 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD P O Roy 1724
32. registraps signatural and a signatura LaPlata,

DHMH-t6 Rev 1/89

FOR STATE REGISTRA	ıR

1 - STATE REGISTRAR		SIAIE UF I	/ CE		IMENT OF			MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)	*						2. DATE OF DEATH			3. TIME OF DEATH
IM		LA	WREN	CE				12 OS	5	92°	5 P"
4. SOCIAL SECURITY NUME		S. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIFITH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
434-64-620		□ M 2 ★ F	85	YRS.	WOWING DAY	HOURS	wire.	03 28	27.		LTIMORE
Stella Mari	s Hospi				96. СІТУ, ТОМ ТО	N OR LOCATI	ON OF DE	EATH	9c. COU	MTY OF DI Balt	eath Limore
RESIDENCE OF DEC	10b, COUNTY			100 0/70	, TOWN OR LO	CATION			_		
MD		ltimore	Ca	100							10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER	bu	LLI MORE		K	eister	STOWN 101. ZIP COD			T 40= CIT	DEEN OF W	1 YES 2 NO
		l Farm				211	36		l	ISA	mai cookinii
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 🗓 Divo	Married		TEVER IN U.S. ARI YES 2 [X] N MAR OR DATES		If yes,	ECENDENT (apocify Cube 'ES 2 [X] NO	ın, Mexica	HC ORIGIN? (Specify Years, Puerto Rican, etc.)	s or No	14. RACE Black Speci	
	EDENT'S EDUCAT		(G	ve kind of w	USUAL OCCUPA		na	166. KIND OF BU	SINESS/IN	OUSTRY	
Elementary/Secondary (0)-12)	College (1-4 or 5	·) Iffe.	Do NOT us	e retired.)						
12 17. FATHER'S NAME (First, M		4	1 +	louse	wife						
Elton Kn								ME (First, Middle, Maiden	Sumame)		
19a. INFORMANT'S NAME (7								ewis			
Carolun R	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	kson	198					noute Number, City or Tow UM ROAd. RO			wn, MD 21136
20a. METHOD OF DISPOSITI		il from State	20b. PLACE	NDDATEO	F DISPOSITION	(Name of		DATE 20c. 1.0	CATION -	City or To	ern State
4 Donation 5 D Other	(Specify)		Ever	greer	i Mem.	Garde	n 1	2/08/92 Fi	nksb	wrg.	MD
21. SIGNATURE OF FUNERA	L SERVICE LICEN	ISEE	1.0		22. NAME	AND ADDRE	SS OF FA	CILITY 118	21 P	nist	ats town Dd
· C	Buan	Tome	u		Eliv	re Fun	eral	Home Rei	ster	stown	r, MD 21136
23. PART I. Enter the di	iseasea, or con	nplications tha	t caused the de	ath. Do n	ot enter the i	mode of dy	Ing, suci	h as cardiac or respi	iratory ar	rest,	Approximate
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nal	No.	STATIC		ASTR	1C C	AN	CER.			Interval Between Onset and Death
Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injustrat initiated events resulting in death) LAS	lons, dlata NG iry	DUE TO	(OR AS A CONSEC	NUENCE OF):						
PART II. Other significa	nt conditions	contributing to	desth but not n	sulting i	n the underly	Ing cause	given in	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
21								PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
											OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	-					PLACE OF D	EATH (Ch	eck only one)			
1 TES 2 NO		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 A Nursing H	ome 5 🗆 Re	esidence	8 (XOther (Specify)	lospi	ce	
27. MANNER OF DEATH 1 Netural 5	Pending	28s. DATE DF (Month, D		28b. TIME INJU	JRY	INJURY AT WORK?	□ ND	28d, DESCRIBE HOW I			
2 D Subside	Investigation Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s			,	28f. LOCATION (Street		r or Rural A	loute Number,
	determined	building,	etc. (Specify)				i	City or Town, State)			enocon:
								to the cause(s) and mar			and manner as stated.
296. SIGNATURE AND TITLE	acla	A (Pelex	X,	SAC		270				(Month, Day, Year) 5 · 92 .
30. NAME AND ADDRESS OF Carla S. Ale						oice-D	ulan	ey Vallev	Rd	Tows	on 21204
31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE	-				-			
DEC 9'92)	lia Dav	idson-Rand	200							

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	ITMENT ICATE	OF H	EALTH DE AT	AND I	MENTAI	REG. NO.					
	1. DECEDENT'S NAME (First, M	fiddle, Last)	_			10/(12	- 0.				OF DEATN			3. TIME	OF OEATI	N
- 1	ROY THOM	IAS LA	JCK							DEC.	7	1992	2 YEAR	7	:57	Ам
	4. SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH			NPLACE (S	State or For	reign
	217-09-6476		1 X M 2 🗆 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	MAY	18,190	06	MAR	"YLAN]	D	
	9a. FACILITY NAME (If not insti	tution, give stre	et and number)			9b. CITY	TOWN C	R LOCATION	ON OF DE				INTY OF E			
E	128 SECOND S	TREET					SECI	RETAI	RY			D	ORCH	ESTE:	R	
DIRECTOR	RESIDENCE OF DECE			_												
H	1,000	IOB. COUNTY			10c. CIT	Y, TOWN								LIN	SIDE CITY AITS?	
	MARYLAND	DOR	CHESTER	,		SECF								Z X	ES 2 🗌	NO
3AL	10e. STREET AND NUMBER						101	. ZIP COD		1.		10g. CIT		SA	UNTRY7	
岁	128 SECOND S								2166							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 XM 3 Widowed 4 Divorce	lerried	FORCES?	NT EVER IN U.S. AF I YES 2 XI MAR OR DATES	MED NO		If yes, sp		n, Mexica	n, Puerto	I? (Specify Yas Rican, etc.)	or No-		CE — Americk, White, icity:		
	15 DECEI	DENT'S EDUC	ATION	16a Di	CEDENTS	USUAL O	CCLIPATIO	ON.		16h	. KIND OF BUS	SINESS/IN	DUSTRY			
IE	(Specify only I	highest grade c		(0	ive kind of	work done ise retired.)	during mo	st of world	ng	1						
7	Elamentary/Secondary (0-1	2)	College (1-4 or 5		KER					I	HURLOC	K BA	KERY			
COMPLETED	17. FATNER'S NAME (First, Mid	dle, Last)						18, MOT	HER'S NA	ME (First,	Middle, Melden	Surname)				
E	CHARLES ALBI	ERT LA	UCK						S	USIE	ANN K	IMME	Y			
TO BE	190. INFORMANT'S NAME (Type PEGGY WARNER		-								ARKET,		(ip Code)	31		
	20a. METHOD OF DISPOSITIO	N N		20b. PLACE	OF OISPO	SITION (N	ame of ce	metery, crei	matory or	_	20c. LO	CATION -	- City or T	Town, State		
	1X Burial 2 Cremation 4 Donation 5 Qther (3 🗆 Ramo	val from State	OUR L	ADY	OF GO	OOD	COUN	SEL	CEM.	SEC	RETA	RY,	MD		
	21. SIGNATURE OF FUHERAL		riyosai /	111	-						ME, P.	_	DOM:	207		
	XXXII N	eal &	05	Wer							ME, P. EAST N				m 2 1 6	21
	/ Legna	wi	7 4			_										
	22. PART I Enter the dis			at caused tha d use on each lin		not ente	r tha mo	or ay	ring, suc	on au car	diac or reap	iratory a	ITEST,	le:	pproximater B	atween
	IMMEDIATE CAUSE (Fina	il ,	m		_		*				01.1	11		0	nset and	
	disease or condition resulting in dasth)	→ .	11/1	ASTATIC	Ci	ARCI	NON	4 0	F 90	He i	15/400	lore			190	M
			DUE TO	OR AS A CONSE	QUENCE	OF):										
O	Sequentially list condition	ona, b	DUE TO	O (OR AS A CONSE	OUENCE (าคา								-		
ERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN		552 1	5 (011 AD A 001101												
S	CAUSE (Disease or injur		OUE TO	O (OR AS A CONSE	QUENCE (DF):										
E	resulting in death) LAST	٠ ا														
S																
AL	PART ii. Other significen	t conditions	contributing t	o death but not	reauiting	in the U	nderlyin	g ceuse	given in	Part i.	24a. WAS AN PERFO		21		BLE PRIOR	TO
MEDICAL											1 TYES	2 340		OF DEA	ETION OF	CAUSE
ME														1 🗌 Y	ES 2 2	MO
SIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only o	one)					
Si	1 YES 2 NO			☐ ER/Outpetient	3 🗆 DOA	4 Nu		ne 5 🗆 F	Pasidence	6 🗆 Oth	er (Specify)					
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE C (Month,	Dey; Year)	28b, TI	ME OF		JURY AT ORK?		28d. D6	SCRIBE NOW	INJURY O	CCURED			
BY		Pending nvestigation				M	1 🗆	YES 2	□ NO							
	3 Suicide 6 (Could not be		OF INJURY — At I g, etc. (Specify)	ome, farm	, street, fe	ctory, offi	Ce			CATION (Street y or Town, State		per or Rura	il Route Nu	imber,	
ETED	4 Homicide d	letarmined														
7	Check only	FYING PHYSIC	CIAN: To the best	of my knowledge, o	leath occu	rred at the	time, dat	a and plac	ce, and du	a to the c	euse(a) and me	enner as s	stated.			
COMPL	one) 2 MEON	CAL EXAMINE	R: On the basia of	examination and/g	r investige	tion, in my	opinion,	death occ	ured at th	e time, da	te and ptece, s	nd due to	the caus	e(s) and m	nenner aa	stated.
ш	200. SIGNATURES NO TITLE	OF EGHTHE	//	//_				294. LH	CENSE N	MINER		26d. D	ATE SIGNI	ED Morey	Day Next	
0 8	Luny (10	er	Can v	25	>_		LD	3/9	60	2	,	12/	9/9	12	
per.	III 30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CA	JUSE OF DEATH OT	EM ZG-PT	Dis. Priviti					Table Court				7.4	

GISTRAM'S SIGNATURE PONDER

- 9 *92

DNMN-16 Rev 1/89

	CONTROL OF THE PARTY OF THE PAR
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24curs after death. Page 6 may be retained by the hosp

	1 - STATE REGISTRAR	SIAIL OF M	CE	RTIF	ICATI	E OF	DEAT	ANU I	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Tola	Ruth		LHER					2. DATI	of DEATH		992	3. TIME OF DEATH 10:16 P. M
	4. SOCIAL SECURITY NUMBER 229-64-0326	5. SEX 1 M 2 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	1947	8. BIRTH Courte	PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give s 3702 Point of Ro					Jeff			ATH		9c. COU	Fre	eath derick
DIRECTOR	10a. STATE 10b. COUNT	rederick		10c. CIT	Y, TOWN	Jeff	on erso	n					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3702 Point of Roc	ks Road				101.	ZIP CODE	217	55		10g. CIT	IZEN OF V	YHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA	YES 2 N	MED O	13.	WAS DECE If yea, spe 1 YES	NDENT O	F HISPAN n, Mexica Specify	IIC ORIGI n, Puerto	N? (Specify Yes Rican, etc.)	n or No —	14. RACE Black Species	- American Indian, t, White, atc.
COMPLETED	15. DECEDENT'S EDU: (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Giv	e kind of v	work done i se retired.)	CCUPATIO during mos	N t of workin	g	161	HOT		DUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Unknown						18. MOTH	ne l	ME (First,	Middle, Maiden LS	Sumame)		
10	190. INFORMANT'S NAME (Type/Print) Edward Mulhern		19b. 37	MAILING 02 P	oint	(Street an	Rock	or Rural F	Poute Num	ber City or Tow Jeffer	n, State, Zip	Md.	21755
	20a METHOD OF DISPOSITION 1 Description 3 Removed A Donetion 3 Other (Specify)		20b. PLACE AI competery, crem Jeffers	nd date (of Dispos her place etho	dist	Cem	eter	y 1	E 20c. LO	cation —	city or Tor	on, Marylane
	21. SIGNATURE OF FUNERAL SERVICE LIC	Bash.	@ M000	21			ey a	nd E	asf	ord Fu			e . Md. 21701
CERTIFICATION	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Metast DUE TO ((caused the dea e on each line. atic Me. DR AS A CONSEOU DR AS A CONSEOU DR AS A CONSEOU	Lano	ma w						ratory arr	eat,	Approximate Interval Between Onset and Death 1 month
PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition	s contributing to d	leath but not re	sulting i	n the un	deriying	causa g	Iven in I	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE						
HYS	1 TYES 2 X NO 27. MANNER OF DEATH	1 Inpetient 2 I		DOA 28b, TIME	4 🗆 Nurs	ing Home 28c, INJU	-	idenca (
ВУ Р	1 X Natural 5 Pending 2 Accident trivestigation	(Month, Day		INJ		WOR	K? 1 S 2 🗌	NO	200. DES	CRIBE HOW I	NJUHY OCC	URED	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, at	INJURY — At home. (Specify)	e, farm, s	treet, facto	ory, offica			28t. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSIC 2 MEDICAL EXAMINED	HAN: To the best of m	y knowledge, deat	h occurre	d at the ti	me, data a pinion, des	nd place, ith occure	and due t	o the cau	rse(a) and man	ner as state	ed.	and manner as stated
H	29b. SIGNATURE AND TITLE OF CERTIFIER	Gran 1	M. 96	mo	R M		29c, LICE				29d. DATE		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO Dr. Brian M. O'Co	completed cause	OF DEATH (ITEM D., 501	27) (Type, West	Print)	venth			rede	rick.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE									,	

The state of the s

boof or the St-ES-LE growner suite to markette to the state of the sta

M		Pag.	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permi, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

3	Alfred	L.	Mic	hael,	Ch			MONTH	DAY		35 Pu
	4. SOCIAL SECURITY NUMBER 5. SEX		In yrs. last birth		ER 1 YEAR	IF UNDER 2	HRS	7. DATE OF BIF	(/	14 0	E (State or Foreign
				RS. MONTH	_	HOURS	MIN.	June I	1919	Mary	l and
	9e. FACILITY NAME (If not institution, give street end			9b. CT	TY, TOWN O	R LOCATION	_			INTY OF DEATH	
E C	Frederick Memorial Ho	spital			Fr	ederi	ck			Freder	ick
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland Frederi	Lck	100	Br	or locat unswi					v	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 105 "H" Street,				101.	ZIP CODE	16		10g. C11	IZEN OF WHAT	
BY	IF Y	S DECEDENT EVER IF CES? 1 XYES ES, GIVE WAR OR DO	ATES		If yes, spe	ENDENT OF scity Cubin, 2 A NO	Mexican,	C ORIGIN7 (Spe , Puerto Rican,	cify Yes or No— etc.)	14. RACE — A Black, Whi Specify: W	
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	d)	(Gha kin	NT'S USUAL	e during mor	N st of wadding		16b. KIND	OF BUSINESS/IN	DUSTRY	
COMPLETED		e (1-4 or 5+)	Mecha	OT use retired)	at or working		υ.	S. Gove	rnment	
BE COA	17. FATHER'S NAME (First, Middle, Last) Clarence L. Michael							e (First, Middle, le Albe	Maiden Sumame)		
10 B	Mrs. Dorothy B. Micha	lel	405	NH N S	ss (Street a	nd Number o	r Aural Ao	Mary	or fown Store, Zi	o Code) 16	
	20a. METHOD OF DISPOSITION 2. Burial 2 Cremation 3 Removal from	20b	PLACE AND D	ATE OF DISP	OSITION (Na	me of		DATE	20c. LOCATION —	City or Town, S	tate
	4 Donation 5 Other (Specify)	Mou	nt Oli					20, 3	1992 Fr	rederic	k, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	h 1)			D ADDRESS				To .	
	Muhard (C)	Kestry	M000	21					rd P. A.		al Home Md. 21701
	23. PART I. Enter the diseases, or complice shock, or heart failure. List only	tions that caused	the death.	Do not ent	er the mo	de of dyln	g, such	as cardiec o	r respiratory at	rest,	Approximata
	IMMEDIATE CAUSE (Finel	Probable DUE TO (OR AS A		el in	farc	tion					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	consequen	atria CE OF):	1 A	bril	lati	ar o	lisease	2	3 days
	PART ii. Other significant conditions contri	buting to deeth b	ut not result	ting in the	underlying	cause gir	ven in P		WAS AN AUTOPSY	E-101 11 51 1	E AUTOPSY FINDINGS
MEDICAL	Previous left 1	remisph	ouc C	VA	uth	righ	1	1.0	YES 2 NO	COM	ABLE PRIOR TO PLETION OF CAUSE
E	hemiparesis, n	ew ons	et Se	21741	e du	word	der	_ ` `		200	EATH? YES 2 NO
	Klebsiella unno	ry tra	et ir	feet	con)	-			
SIA	25. WAS CASE REFERRED TO MEDICAL	/			26. PL	ACE OF DE	ATH (Chec	k only one)			
/SI	HOST	SITAL: patient 2 - ER/Outp	atlent 3 🗆 D	DA 4 N		e 5 🗆 Resi	idence 6	Other (Spec	etty)		
BY PHYSICIAN	27. MANNER OF DEATH 28 1 Natural 5 Pending 2 Accident Investigation	a. DATE OF INJURY (Month, Day, Year)	265	. TIME OF INJURY M		URY AT RK? 'ES 2	- I	28d. DESCRIBE	HOW INJURY O	CURED	
		e. PLACE OF INJURY building, etc. (Spec	— Al home, fi	nrm, street, fa	ctory, office		1	281. LOCATION City or Town	(Street and Numbers, Stelle)	or Rural Route	Yumber,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the										manner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER KATHLOOM WSter	, 10		4		29c. LICEN	320	73	29d, DA	TE SIGNED (Mon	th, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPI Kathleen W Stern	MD (ATH (ITEM 27)	(Type, Print)	AU	e F	Bru/	nsvie.	k Md	21-	16
	31. DATE FILED (MONTH, Day, Year) NOV 2 0 1992	MEGISTRAR'S SIGN	ATURE Pande	92							1.4

May

9e. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER 220-30-9989

Etta

1 🗌 M 2 💢 F

5. SEX

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

MINNICK

8. AGE (In yrs. last birthday)
90 yrs.

Maryland

3. TIME OF DEATH

NOV. 16, DAY 1992 YEAR

June 30,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOF	Meridian Nursing	Center		Fre	derick		Fr	ederi	ick
DIRECTOR	Maryland Fred	erick	10c. CITY, TO	own on Lo ederi					Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	404 Pearl				101. ZIP CODE 21701	¥			AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	U.S. ARMED	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES NO Speci		a or No—	14. RACE — Black, V Specify:	American Indian, White, etc.
ETED	15. DECEDENT'S EDUC (Specify only highest grade of		18e. DECEDENT'S USL (Give kind of work	done during	PATION most of working	18b. KINO OF BU	SINESS/IND	ISTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homemal			Home			
ш	17. FATHER'S NAME (First, Middle, Lest) Freling I	H. Ferguson				AME (First, Middle, Malden fie L. Smi			
TO B	19e. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	DRESS (Stre	eet end Number or Rural	Route Number, City or Tox	rn, State, Zip	Code)	
	Mrs. Bernice N. S					rkway, Fre	deric	k, Md	. 21701
	20a METHOD OF DISPOSITION Marie 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b. 1	PLACE AND DATE OF DI	SPOSITION	(Name of	DATE 20c. LO	CATION - C	ity or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	cust vall	22. NAMI	E AND ADDRESS OF FA	. 11-19-92	M1dd.	Letow	n, Md.
	→ Richard &	. Draf	MOO255	Kee: 106	ney and Ba East Chu	asford P.A	reder	ick	Home Md. 21701
NO	23. PART i. Enter the disease, or co ahock, or heart fellure. L iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A (yest.			th as cardiec or resp			Approximate interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF):						
MEDICAL	PART II. Other aignificant conditional	contributing to death bu	t not resulting In th	underly (L. 5	ying cause given in	Part I. 24e. WAS AN PERFOR	RMEO?	AV CC	ERE AUTOPSY FINDINGS WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH (Ch	eck only one)			
PHYSICIAN:		28e. DATE OF INJURY (Month, Day, Year)		28c.	INJURY AT WORK?	a Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCU	IREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY – building, etc. (Specify	- At home, ferm, street		YES 2 NO	281. LOCATION (Street of City or Town, Stete)	and Number o	r Rural Rout	e Number,
ш	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	AN: To the best of my knowled: On the basis of examination	alge, death occurred at	the time, d	ate end place, end dua	to the cause(e) and mer time, date end place, en	nner as stated	l. ceuse(e) er	nd menner se stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	28.1	li	14	29c. LICENSE NUI				onth, Day, Year) . Z
	Dr. Casper E. 31. DATE FILEO (Month, Day, Year)	Cline III M	D 300 W		Winth Stre	eet, Freder	ick,	Md.	21701
	NOV 1 8 1992	Suna was suppl							
	1001 - 1001	0							DHMH-18 Rev 1//

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AND THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN

PETER

31. DATE FILED MOTTING OF 08

1992

												92	35821	
	1 - STATE REGISTRAR		STATE OF I	/MARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND I	MENTAL HYGI				
	1. DECEDENT'S NAME (First	, Middle, Last)	MARY A.	MAKELL		IOAII	L 01	DLA	ın	REG.	н		3. TIME OF DEATH	
	MAR	4	b.	MAKR	LL.					MONTH 1	DAY	PRASY CP	2056	M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	4	8. BIRTH	HPLACE (State or Foreign	_
	214-12-0631		1 ☐ M 2XXF	78	YRS.	MONTHS	DAYS	HOURS	MIN.	AUGUST 2	5 1914	MA	RYLAND	
~	9a. FACILITY NAME (If not in					9b. CITY	r, TOWN O	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF D	EATH	
Ō	ANNE ARUN		DICAL CEN	VTER		A.	NNAP	OLIS			A	NNE A	ARUNDEL	
DIRECTOR	10e. STATE	10b. COUNT	1		10c. CIT	Y, TOWN	OR LOCAT	ION	4				10d. INSIDE CITY	
Die	MARYLAND	ANN	E ARUNDEI			ANNA	POLIS	S					LIMITS?	
AL	10e. STREET AND NUMBER						101.	ZIP COD	E		10g. CI	TIZEN OF Y	WHAT COUNTRY?	_
Ä	1954 FOREST	DRIV						2	1401		υ	J.S.A.	•	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 X Yeldowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 24LA	MED	- 1	WAS DECI If yes, spe 1 YES	city Cuba	n, Maxica	IIC ORIGIN? (Specify n, Puarto Rican, etc.	Yes or No-	14. RACE Black Speci		_
ED	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N.		16b. KIND OF	RI ISINESS/IA	MULIETON	BLACK	_
ET	Elementary/Secondary (0	r highest grade 1-12)	College (1-4 or 5 a	·) (G.	Do NOT us			st of worldr	ng					
COMPLETED					D(OMES:	ГІС							
	JAMES E. H							18. MOTI		ME (First, Middle, Mai				
BE	19a. INFORMANT'S NAME (7)									SIE E. HA				
5	JACQUELINE H			194	311 T	AODRES	S (Street ar	J BR	or Rural F	ANNAPOLIS	Town, State, Z	'(p Code)	13	1
	20a. METHOD OF DISPOSITI	ON		20b. PLACE					L V LI					
	1 N Buriel 2 Cremetio 4 Donation 5 Other		oval from Stala	cemetery cre	matory or o	ther place)	DARK	ne or	/10		LOCATION -			
	21. SIGNATURE OF FUNERAL		ENGEE	- I TIVEL	TANET L	22.	NAME AN	D ADDRES	S OF FAC	CILITY	NNAPO	шъ,	MU.	_
	Langua	47	Roese							MORTUARY,				
	23. PART I, Enter the di	seases, or o	dmnilcations that	Coursed the de	eth Do s	82	T WE	STS	ST. 1	ANNAPOLIS	, MD.	2140		_
	SHOCK, OF HE	adit idilute.	List only one cau	se on each line		ior aintei	the moc	se or ayı	ng, sucr	em cardiec or re	spiratory a	rrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fin disease or condition	•1	1.11	2.16	di	9 9	10	c H		Arre	1		Onset and Dea	th
	resulting in death)		DUE TO	OR AS A CONSEC	OUENCE OF	7:	2	ufu	_	MILE	16		Milan	1
Z	Commentally, No. 11 - 1 - 1101		Kuou	ry Alte	N'O	1. SC	Cero	ofi	e (andio-l	Jasa	lan	110000	
Ĕ	Sequentially list conditi if any, leading to immed cause, Enter UNDERLY!	liate	DUE TO	OR AS A CONSEC	UENCE OF	7):		15					Jewio	
5	CAUSE (Disease or Inju		OUE TO	OR AS A CONSEC	HENCE OF			xi.	120	se_				
CERTIFICATION	that initiated events resulting in death) LAST			OH AS A CONSEC	DENCE OF	·).								
2													1	_
PHYSICIAN: MEDICAL	PART IG Offler aignifice	nt condition	contributing to	death out not n	suiting	n the un	derlying	couse g	iven in i		AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS	s
Dig	Dist	4	100	DIVC	10	Rai	1 p	ai C	w	0	2 NO		COMPLETION OF CAUSE OF DEATH?	
X	that a	2	meli	itu	0					_			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL				_								
Sici	EXAMINER?	, medicale	HOSPITAL:	EDIO 4 - 4 - 4		OTHER	1:			ck only one)				_
H	27. MANNER OF OEATH		1 Inpatient 2 I	INJURY	26b. TIMI	- Contraction of the Contraction	ling Home 28c. INJU	_	sidenca (8 Other (Specify) 28d. OESCRIBE HO	W IN ILIBA OC	CUBEO		_
ВУ Р		Pending nvestigation	(Month, Da	ly, Year)	INJ	URY M	WOR	IK? ES 2	NO	zoa. ocyoniac no	W WOOK! OC	COMEO		
- 4	3 Suicide 6 0	Could not be	28e, PLACE OF	INJURY — At hor etc. (Specify)	ne, farm, s	treet, facto	ory, offica			28f. LOCATION (Stre	et and Numbe	or or Rural A	oute Number,	_
ETE	4 Homicide d	latermined		ita (opoony)						City or Town, Sti	ate)			
립	(Check only 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowledga, dea	ith occurre	d at the Ji	me, data a	ind place,	and dua t	to the cause(a) and i	nanner sa ste	rted.		
COMPLETED	2 MEON	EXAMINE	3: On the basis of ax	amination and/or in	rvestigation	n, in my o	pinion, de	ath occur	d at the I	ime, data and place,	and dua lo t	he cause(a)	and manner as stated.	
BE	SO DIGHATURE AND TITLE	OF CERTIFIER	1 1	,		\sim		294 UCE	HSE/NUM	BER	29d. DAT	TE SIGNEO	(Month, (Fay, Year)	_
5	30, NAME AND ADDRESS OF	$V \wedge$	1111	1	MIC)		11	16	2.5	•	2-	7-92	

OEATH (ITEM-27) (Typo,

32 AGSISTRAM'S. SIGNATURA PANCESE

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DHMH-16 Ray 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

						TOAT	_ 01	DEA			HEG. NO.			
	1. DECEDENT'S NAME (First, LAURA	Middle, Last) /IRGIN:	IA MEAD	E.						2. DATE O	F DEATH D	**	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX		land bloth days					12			92	
				6. AGE (In yrs. I		MONTHS	DAYS	HOURS	MIN.	7. DATE Of (Month,	Day, Year)		Countr	PLACE (State or Foreign y)
	216-18-5278		1 □ M 2 √ F	68	YRS.						23,	1924	Mai	ryland
_	9e. FACILITY NAME (If not in	stitution, give a	treet end number)			9b. CIT	r, TOWN	OR LOCATI	ON OF DE	EATH		9c. COL	JNTY OF D	EATH
DIRECTOR	1302 Presid	lent St	treet			Annapolis Anne						e Arı	Arundel	
5	MEMICENCE OF DEC				10c. CITY, TOWN OR LOCATION									
8	mnesses	10b. COUNTY			10c. C/1	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
ā	MD	Ann	e Arunde.	1		An	napc	lis						YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
띪	1302 Presid	dent S	treet					214	03			Un	ited	States
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE			IIC ORIGIN?	(Specify Yes			
	1 Never Married 2 XX		FORCES? 1	YES 2	XNO		It yes, sp	ecify Cube	m, Mexica	n, Puerto Ric	en, atc.)			- American Indian, t, White, atc.
R	3 Widowed 4 Divo	rced	IF TES, GIVE Y	WAN DH DAIES			1 U YES	2 XXND	Specify	y:			Speci	White
2	15. DEC	EDENT'S EDUC	CATION	16a, I	DECEDENT'S	USUAL O	CCUPATI	ON		166 K	IND OF BUS	SINESS /IN	DIJETRY	WILLOG
ã l		highest grade			(Give kind of life. Do NOT u	work done	during me	ost of world	ng	100.1	OF BO	MAE99/III	DOSTAT	
٦	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Homem					i	u	ome		
Ē	12				пощеш	anei								
COMPLETED	17. FATHER'S NAME (First, M	,								ME (First, Mic				
μ μ	Joseph Cook											Emme		
2	19a. INFORMANT'S NAME (7)									Route Number				
-	Jack E. Mead	le	311;	23.25	1302	Pre	side	nt S	tree	t An	napol	is,	MD	
	20a. METHOD OF DISPOSITI		-0.0000000		E AND DATE	OF DISPO	SITION (N				20c. LO	_		wn, State
	4 Burial 2 Cremetio		ovet from State		crematory or o				12-	07-92				
	21. SIGNATURE OF PUNERA		ENSEE //	117	crest	Cem	NAMEA	ND ADDRE	SS OF FA					
	1/1/	. , /	1	V.										L Home
	23. PAST I. Estac/the/dy	70.	laye	n									-	polis, MD
2	disease or condition resulting in death) a. CANCER ISREAST DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
			ś											
HEDICAL	PART II. Other algnifica	nt condition	s contributing to	death but not	reaulting	In the u	ndarlyin	g cause	given in		4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO	MEDICAL							D					
5	EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE DF D	EATH (Ch	eck only one)				
2	1 TES 2 NO		1 Inpatient 2		3 🗆 DDA		sing Hon	10 5 KA	aldence	8 Other (Specify)			
FILI SICIAN.	27. MANNER OF DEATH		28a. DATE DF (Month, D		28b. TIN	IE OF		URY AT		28d. DESCI	RIBE HOW I	NJURY OC	CURED	
3		Pending nvestigation				М		YES 2	NO					
	3 Suicide 8 .	Could not be detarmined	28e. PLACE O building,	F INJURY — At I atc. (Specify)	home, term,	street, fac	tory, offic	•		281. LOCAT City or	tON (Street e Town, State)	and Numbe	r or Rural R	loute Number,
COMPLETED.			CIAN: To the best of R: On the basis of e) end menner as stated.
	296, SIGNATORE AND TITLE	OF SENTERS	/					29c. LIC	ENSE NUN	IBER (29d. DA1	TE SIGNED	(Month, Day, Year)
	10000	ww	ww					1	08/	18		> /	12/4	152
5	SO NAME AND ADDRESS OF	KIN	5 90	DO BE.	55617	YE.	RD	A	VNI	APULI	5 1	no	21	10)
	31. DATE FILED (Month, Day, DEC	Year)	32. REGISTRA	R'S SIGNATURE	70	n/2		, ,,	0 / 0/	Vr.				
	DEC	081	192 guha	. Davidson	-Manda	حالان								

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DIVISION OF VITAL RECORDS, P.	
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1 - FOR STATE REGISTRAR

		Lion Last)	LIDA ESTHER		_///	25	her	2. DATE OF MONTH	- 6 DA	- 72	YEAR 6	5.55 a
P		4. SOCIAL SECURITY NUMBER 217-52-6559	1 🗆 M 2 🔀 F	(In yrs. les	YRS. F UND	ER 1 YEA		7. DATE OF (Month, D APRIL	ny, Year)	1895	Country)	ACE (State or Foreign
, 2, 3 should	DIRECTOR	99. FACILITY NAME (If not institution, give : ST ,	NOSPIT	a/	96. Cr	eol	n or location of D	EATN W/		St.	MC	2145
ages 1	REC	10e. STATE 10b. COUNT			10c. CITY, TOWN	ORLO	CATION				100	d. INSIDE CITY LIMITS?
Pemit. P		MARYLAND ST.	MARY'S		HOLLY	ZWOC						YES 2 NO
	UNERAL	RT 2, BOX 63					101. ZIP CODE					T COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X N	MED 13	if yes,	20636 DECENDENT OF HISPAI Specify Cuben, Mexica 'ES 2 NO Specify	n, Puerto Rica	specify Yes n, etc.)		ED ST 14. RACE — Black, WI Specify:	ATES American Indian, hite, atc.
15-0 tending as the	ED B	15. DECEDENT'S EDU	CATION	I see DE	CEDENT'S USUAL	OCCUP	TION	200.00			TIHW	E
F 8 3	<u></u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G/	ve kind of work don Do NOT use retired.	e during	most of working	100, KH	ND OF BUSI	INESS/INDU	STRY	
O g g	COMPL	8		H	OME MAKE	ER						
A 55 9	8	17. FATHER'S NAME (First, Middle, Last)	011 20172				18. MOTNER'S NA	ME (First, Midd	Ne, Maiden S	Surname)		
NRYL ned by ould be	8	HILLARY ECCLESTS 190. INFORMANT'S NAME (Type/Print)	ON JONES	1404	MARING ADDRE	00 (0	FLOREN					
MAR retained is 5 should notified	2	FAYE M. DEAN					LIOT T VIA					
RE, may be x, page		20e. METHOD OF DISPOSITION	200	b. PLACEA	NO DATE OF DISPO	SITION	, HOLLYWO	OATE			16.36 ty or Town,	State
MOR ge 6 mg irector, p		1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	JC	DY CH	APEL CE	e) METI	ERY 12	2/9/92				ARYLAND
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		EDWARD N. BI	MAR	R. N	В	RIN	AND ADDRESS OF FA SFIELD FUI WASHING	VERAL :	HOME			
E 3 5 at		23. PART I. Enter the diseases, or		d the de	ath. Do not ante	er the	moda of dying, suc	h ss cardisc	or respin	atory srre	et,	Approximats
within 24 hour pletely filled is cremation, or vent, the me		iMMEDIATE CAUSE (Final disesse or condition resulting in dasth)	s. Cardy DUE TO (OR AS	0	Resp		Feilen	7				Interval Between Onset and Death
P.O. BOX 68 through the certificate be executed in Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentisily list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	ble	r	set	ozel,	dib E	4			
CORDS uires that the signed by the Health and M we any Inju	EDICAL	PART II. Other significant condition	s contributing to dasth t	out not re	esulting in the u	inderly	ing csuse given in		NAS AN A PERFORM	4ED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?
CC 2 8 5 20	Σ							-			1	YES 2 NO
ITAL I: The law cate has 1 State Dept Item 23	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Lowin		PLACE OF GEATN (Ch	eck only one)				
OF VITAL F HYSICIAN: The law r his certificate has be with the State Dept. Ked, or Item 23 s		t TYES 2 THO	1 Inpatient 2 - ER/Out	patient 3		reing N	ome 5 🗆 Residence	6 Other (Sp	ectly)			
O E E E 5	ву РН	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Yeer)		28b. TIME OF INJURY M	10	NJURY AT WORK? YES 2 NO	26d. DEŞCAI	BE NOW IN	JURY OCCU	AED	
TISIC TTENDI TTOR: A after de	ETED	3 Suicide & Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spe	f — Al hor cify)	ne, farm, street, fe	ctory, of	fice	28f. LOCATIO City or To	N (Street an wn, State)	d Number of	Rural Route	Number,
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If Item	COMPLI		CIAN: To the best of my know									d menner ee stated.
E HOS d with	ш	296. SIGNATURE AND TITLE OF CERTIFIE		4			29c. LICENSE NUI		-			rith, Day, Year)
TO THE TO THE BE filed W	0 8		05 MV=	_			D33470	(P 1	2/8/	92
^	F	30. NAME AND ADORESS OF PERSON WH	U.								-	
(,)		BHASKER JHAVERI,	MD RT.	5, S	HANTI ME	DIC	AL CENTER	LEON	IARDT	OWN	MD 20	650

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ON OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deut, of Health and Mental Motiene prior to burlal, cremation, or removal.	
DIVISION OF VITAL R	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re	TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. or	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	AIE UF	DEALH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	0	D	0	7011	2. DATE OF MONTH		YEAR	3. TIME OF DEATH
		0		_ (411	/	127	72	0043 M
	The second secon	. SEX 6. AGE (140	NTHS DAYS	HOUPE MIN.	7. DATE OF (Month, D		Count	PLACE (State or Foreign ry) YLAND
- 4	9a. FACILITY NAME (If not institution, give street	and number)	96	CITY, TOWN	OR LOCATION OF DE	ATH	9c. C0	UNTY OF D	
6	UNION HOSPITAL			ELK	TON			CECI	L
E	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10e CITY TO	OWN OR LOCA	TION				10d, INSIDE CITY
DIRECTOR	MARYLAND CE	CIL		KTON					LIMITS?
FUNERAL	100. STREET AND NUMBER 150 LEWIS SHORE	ROAD		10	21921		10g. C	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed XXDivorced	*. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, or	CENDENT OF HISPAN pecify Cuben, Mexica B 2 1 NO Specify	n, Puerto Rica	Specify Yes or No— in, etc.)	Blac	E — American Indian, k, White, etc. WHITE
9	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	16a. DECEDENT'S USI	JAL OCCUPATI	ON ost of working	16b. KI	ND OF BUSINESS/I	NDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	tired.)	out or working	777	HOSPI	TAT.	
N N	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)			-	10 MOTHER'S NA		lle, Maiden Surname		
E C	CLARENCE MCCALL								
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street			WIGGIN		TINE HERMA
5	JANE CHEWNING/	TASON MCC		вох 1		ICK N		TON .	
	20a. METHOD OF DISPOSITION 1 Burlal 2 21 Cremation 3 Remova		PLACE AND DATE OF D			DATE	20c. LOCATION		
	1 Burlai 2 A Cremation 3 Remova 4 Donation 5 Other (Specify)		etery, crematory or other.	place)	EMATIORY	1	WEST C		
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME A	ND ADDRESS OF FA	CILITY			MI AM
	* Fichard	& do	o die		. FOARD			ME	
N	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions.	DUE TO (OR AS A Caudio	CONSEQUENCE OF):	ypote	Assion (Caudi	ogenie.	Shoc	Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):						
DICAL CE	PART II. Other significant conditions of	ontributing to death b	ut not resulting in t	he underlyin	ig cause given in	Part I. 24	a. WAS AN AUTOPS PERFORMED?	Y 24k	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă						_ 1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
Ш						-			1 NES 2 NO
ME	-		***						
ME	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Chi	ack only one)			
ME	EXAMINER?	OSPITAL:		THER:	LACE OF DEATH (Ch		nooth it		
ME	EXAMINER?	Inpatient 2 ER/Outp	atient 3 DOA 4 [THER: Nursing Hor	ne 5 🗆 Residence	8 Other (S		CCURED	
PHYSICIAN: ME	EXAMINER? 1	Inpatient 2 - ER/Outp	atlent 3 DOA 4	THER: Nursing Hor	ne 5 🗆 Residence	8 Other (S	pecify) IBE HOW INJURY (CCURED	
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH	Inpatient 2 ER/Outp	28b. TIME OF INJURY	THER: Nursing Hore Page 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne 5 Residence JURY AT DRK? YES 2 NO	8 Other (S 28d, DESCR 28f, LOCATIO			Route Number,
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1. 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be divermined	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Spec	atlent 3 DOA 4 DOA	THER: Nursing Hor 28c. IN. W 1 It, factory, office t the time, date	ne 5 Residence JURY AT ORK? YES 2 NO	8 Other (S 28d. DESCR 28f. LOCATI City or 1	ON (Street and Numbown, State)	per or Rural :	
COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 Notural 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYSICIA	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Spec	atlent 3 DOA 4 DOA	THER: Nursing Hor 28c. IN. W 1 It, factory, office t the time, date	ne 5 Residence JURY AT ORK? YES 2 NO De s and place, and due	8 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause(time, data an	ON (Street and Numbers, State) s) and manner as a d place, and due to	tated,	i) and manner as stated.
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 2 Accident 3 Sulcide 4 Homicide 5 Pending Investigation 5 Could not ba determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (Check Signature) 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Property of the basis of axamination of the basis	attent 3 DOA 4 DOA	THER: Nursing Hor F 28c. IN. W M 1 It factory, office t the time, date n my opinion, o	ne 5 Residence JURY AT ORK? YES 2 NO	8 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause(time, data an	ON (Street and Numbers, State) s) and manner as a d place, and due to	tated,	
E COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1 MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 2 Homicide 6 determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: C	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Property of the basis of axamination of the basis	attent 3 DOA 4 DOA	THER: Nursing Hor F 28c. IN. W M 1 It factory, office t the time, date n my opinion, o	ne 5 Residence JURY AT ORK? YES 2 NO De s and place, and due	8 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause(time, data an	ON (Street and Numbers, State) s) and manner as a d place, and due to	tated,	i) and manner as stated.
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 2 Accident 3 Sulcide 4 Homicide 5 Pending Investigation 5 Could not ba determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (Check Signature) 29b. SIGNATURE AND TITLE OF CERTIFIER	Impetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Special ttent 3 DOA 4 DOA	THER: Nursing Hor F 28c. IN. M 1 It, factory, office It the time, date In my opinion, of A 745	ne 5 Residence JURY AT ORK? YES 2 NO De s and place, and due	8 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause(time, data an	ON (Street and Numbers, State) s) and manner as a d place, and due to	tated,	i) and manner as stated.	

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26	J	JU	6	6

	1 - STATE REGISTRAR	OINIE OF I	CE		ICATE (MENIAL TIGI REG.				
- }}	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	4		3. TIME OF DEATH	1
	Mary E. Oured	nik							MONTH 12	5	92	3:30	Рм
		5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YE MONTHS DA		JANS 24	HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea DEC. 19	r)	8. BIRT	HPLACE (State or Fore	elgn
	9a. FACILITY NAME (If not institution, give street	et and number)			9ь. СІТУ, ТО	WN OR LO	CATION	OF OE			UNTY OF		
DIRECTOR	SALISBURY NURSING	& REHAB	. CENTER	3	SALIS	BUR	7, N	۱D.		N	ICOM:	ICO	
JEC.	10a. STATE 10b. COUNTY			_	Y, TOWN OR L	OCATION						10d. INSIDE CITY	
	Maryland Wicom	lco		S	harpto	wn						LIMITS?	40
FUNERAL	100. STREET AND NUMBER 718 Main Street					10f. ZIP	218	61		10g. C	USA	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEOEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	MED IO	If yo	OECENOE B, specify YES 2 X	Cuban,	Mexica	IC ORIGIN? (Specify n, Puerto Rican, atc. :	Yes or No-		E — American Indian ik, White, atc. offy: White	n,
	15. DECEDENT'S EOUCA' (Specify only highest grade co		16a. DE	CEDENT'S	USUAL OCCU work done during se retired.)	PATION a most of a	working		16b. KIND OF	BUSINESS/I	NDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	7)	_{∞ мот и} rn Р					Mai	nufact	turin	g	
8	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHE	R'S NAI	ME (First, Middle, Mai	den Sumame,)		
BE	Banjamin Franklin	Graveno							S. Kenne:				
2	19a. INFORMANT'S NAME (Type/Print) Grace Gale								own, MD				
	20s. METHOD OF DISPOSITION				OF DISPOSITIO			PPC		LOCATION -		own. State	-
	1 X Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	if from State	River	netory or o	Cemet	ery			12/8 R				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	11		22. NAN 7.e.1	E AND AD	PILIT	OF FAC	1 Home,	P. O.	Box	3171	
	Leonard	tigle	lu									MD 2180	1
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DOE 10	OR AS A CONSEQUENCE OF AS A CONSEQUENCE	UENCE O	F): 	nds H B	no Igi	Tale	on			eV e	
ERTIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQ	UENCE O	F):								
PHYSICIAN: MEDICAL C	PART 11. Other significant conditions ASCUP OSTE		meth but not n	suiting	in the under	lying ceu	ise giv	en in i	PER	AN AUTOPS FORMED?	Y 246	D. WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?	O JUSE
AN	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE	OF DEA	TH (Che	ck only one)				
Sic		IOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5	☐ Resid	Sence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, De	INJURY ny, Ybar)	28b. TIM	IE OF 260 JURY	MORK?	AT		28d. OESCRIBE HO	W INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE Of building,	F INJURY — At hor atc. (Specify)	ne, farm,					261. LOCATION (Str. City or Town, St	eet and Numb late)	er or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:											s) and manner as sta	ted.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				_	29c.	LICENS			29d. D/	TE SIGNE	(Month, Day, Year)	
0		w				1	23	98	13	•	121	3/92	
	Michael Atkins, M.			111		Z DRI	[VE,	SA	LISBURY,	MD.			
	DEC 1 1 '92	32. REGISTRA	PS. SIGNATURE S	Panda	pe.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

the best mentioned with the

1 1 100

in by the funeral director, page 5 should be detached removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Mental H	ury, or
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certifica	d, or i
After this leath with	marke
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FUNER,	TANT:
TO THE	IMPOF
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within 72 hours after death with the State Dept, of Heath and Mental Hoolene prior to burial, cremation, or removal

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	92	35826
DECEDENT'S NAME (First, Middle, Last)	2. DATE O	F DEATH	200.40	3. TIME OF DEATH

						DEA			REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	MELVI	N MAE DA	TMED				10	2. DATE O	D	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	N MAE PA						11	14	+	92	1:00
	1 M 2 7 F			IF UNDER	DAYB	IF UNDER	MIN.		Day, Year)		Count	
216-80-1205	41	78	I HS.						-1914	_		yland
9e. FACILITY NAME (If not institution, give				96. CITY,	, TOWN C	R LOCATI	ON OF DE	HTA		9c. CO	JNTY OF D	EATH
709 Midway Drive	2			Fre	deri	.ck				Fre	ederi	ck
10a. STATE 10b. COUNT	Y		I toc. CIT	Y, TOWN O	OR LOCAT	ION						10d. INSIDE CITY
Maryland Fred	low fole											LIMITS?
10e. STREET AND NUMBER	lerick		Fre	deri		ZIP CODE	_					1XXYES 2 NO
					101					10g. CI	TIZEN OF V	WHAT COUNTRY?
709 Midway Drive	T					217				K.	J.S.A	
1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MEO 10	13. 1	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	(Specify Yes	or No-	14. RACI Black	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES				2 X NO					Spec	ffy:
15. DECEDENT'S EDU	ICATION	44. 05	05051510					1				White
(Specify only highest grade	o completed)	(G/	ve kind of	USUAL OC work done of se retired.)	during mo	on st of workin	g	16b. K	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)										
12 years 17. FATHER'S NAME (First, Middle, Last)			Home	make:	r							
								ME (First, Mic		Sumame)		
Hilary Gore								e Har				
19s. INFORMANT'S NAME (Type/Print)		-19b	. MAILING	ADDRESS	(Street e	nd Number	or Rural I	Route Number	City or Tow	n, State, Zi	p Code)	
Alan K. Palmer		2	108	Banc	roft	Pla	ce N	W Was	hingt	on.	D.C.	20008
10s. METHOD OF DISPOSITION 1 General 2 Cremation 3 Host	sound from State	20b. PLACE A	ND DATE	OF DISPOS				OATE			City or To	
4 🖰 Donation 5 🖸 Other (Specify)	TOWN DUMB	cemetery, cres	O1 i	vet	Сете	terv		11/1	Fre	deri	ck	Maryland
21. SIGNATURE OF FUNERAL SERVICE OF	CENSEE	- //				D ADDRE		CILITY	7 110	dell	LCK,	Haryrand
120 A Sa	49/	9/		Ro	bert	E.	Dail	.еу &	Son I	uner	al H	omes, P.A
LOBERT CH	beinge	77/		12	01 N	orth	Mar	ket S	t. Fr	reder	rick.	MD 21701
IMMEDIATE CAUSE (Finst disease or condition resulting in death)	. 6	rdia	ic.	an	00		ing, auc.	h aa cerdie	c or respi	ratory sr	rest,	Approximate interval Between Onset and De
disease or condition resulting in death) Sequentially list conditions,	a. DUE TO	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTIO	DUENCE OF	ar Inc	se he	eau	/	Luci	Mery .	ratory ar	reet,	interval Between
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mother a second

white of

	REGISTRAR			CERTIF	ICATE	OF DI	EATH	1	REG. NO			
	1. DECEDENT'S NAME (First, Middle,	(Last)			·-			2. DATE OF	-			3. TIME OF DEATH
	Sara	Evelyn	Doa	rce				MONTH	D.	AY 2	YEAR	10 50 3 1
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 Y	EAR IF	UNDER 24 HRS.	7. DATE OF		6.		10:50 A PLACE (State or Foreign
		1 🗆 M 2 💭 F					URS MIN.	(Month, D	my; Year)		Country)
	9a. FACILITY NAME (If not institution	Δ.	8	8				Apr.	15, 1			yland
~					1 -		OCATION OF D			272 27	NTY OF DE	
DIRECTOR	317 Patuxent				Lex:	ingto	on Parl	K		St	. Mar	ry's
[[[RESIDENCE OF DECEDER	COUNTY		T 40 000	Y, TOWN OR I							
Œ	777			75575			1					10d. INSIDE CITY LIMITS?
		t. Mary's		Le	xingto							1 TES 2 NO
BY FUNERAL	10e. STREET AND NUMBER					10f. ZIP						HAT COUNTRY?
山山	317 Patuxent	View Road				20	653			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECED	ENT EVER IN	J.S. ARMED	13. WA	DECEND	ENT OF HISPA	NIC ORIGIN? (S	Specify Yes	or No-	14. RACE	- American Indian, White, etc.
1	1 Never Married 2 Married	FORCES?	1 YES	2 TZ NO.	If y	YES 2 X	Cuban, Maxico	an, Puerto Rica	m, atc.)			
	3 💢 Widowed 4 🗌 Divorced				'-	169 2 M	NO Specii	y.			Whi	r. te
유	16. DECEDENT	'S EDUCATION	1	6a. DECEDENT'S	USUAL OCCL	PATION		16b, Kil	ND OF BUS	SINESS/INC		
	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or	6.1	(Give kind of v	vork done duri e retired.)	ng most of	working					
<u> </u>		College (1-4 or	3+)	Secr	etarv			F	lectr	onic	Com	nansz
	12th Grade 17. FATHER'S NAME (First, Middle, La			DCCI	ccary	-					COm	July
BE COMPLETED	The state of the s		Drzeno			10.	_	AME (First, Midd	Me, Meiden			
8		eonard	Byrne				Edna			72.00		
2	19a. INFORMANT'S NAME (Type/Print	,						Route Number,				
-	Angela Evelyn	Brown		317 P	atuxei	nt Vi	.ew Rd.	., Lex:	ingto	on Pa	rk, l	MD 20653
	20e. METHOD OF DISPOSITION 1 3-Burlet 2 Cremation 3	Removed from State		LACE AND DATE		Name of	,	DATE	20c. LO	CATION -	City or Tov	vn, State
	4 Donation 5 Other (Specify		Lo	ery, crematory or or udon Pa	rk Cer	neter	V		г	251+3	mara	Maryland
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	2.W		22. NA	WE AND A	DORESS OF FA					-
	Miller	126	1.	3				rdiner				
\vdash	primaer	Tyare	rener		P.O.	Box	270,	Leonar	rdtov	vn, M	aryla	and 20650
	23. PART I. Enter the disease	n, or complications to liure. List only one complete.	hat caused t	he death. Do n	ot enter the	e mode p	f dying, auc	ch as cardiac	or respi	ratory arr	rest,	Approximate
	IMMEDIATE CAUSE (Final	nero: Elet only one o	4	/		1	1	/				interval Between Onset and Death
	disease or condition	Aci	to	11.	. 1		1. 1	1				
	resulting in death)	DUE	TO (OR AS A C	ONSTOUENCE OF):	-	Jul	- CEPC	-			
_		_ 2		1	•		1					ì
CERTIFICATION	Sequentially list conditions,	b. DUE	TO (OR AS A C	ONSEQUENCE OF	n:							
AT	If any, leading to immediate cause. Enter UNDERLYING	- 62			,-							j
은	CAUSE (Disease or injury	c	TO (OR AS A C	ONSEQUENCE OF	n.							<u> </u>
Ē	that initiated events resulting in death) LAST	4		ONGEODENCE OF	,-							i
與	100	d										· · · · · · · · · · · · · · · · · · ·
7	PART II. Other significant con	ditions contributing	to death but	not resulting i	n the unde	riying car	use given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL									PERFOR	MED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								11	YES 2	NO		OF DEATH?
ME								_	(V		1 TYES 2 NO
Ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	HOSPITAL:				26. PLACE	OF DEATH (Ch	neck only one)				
S	VES 2 NO	1 - Inpatient 2	ER/Outpati	ent 3 🗆 DOA	OTHER:	Home 5	Residence	6 Other (S)	oecify)			
E	27. MANNER OF DEATH	26a. DATE	OF INJURY Day, Year)	28b. TIM	E OF 28 URY	C. INJUNY	AT	28d. DEŞCRI	BE HOW II	NJURY OCC	CURED	
	Matural 5 Pending		Day, real)	1143	1	YES	2 NO					
BY	2 C) Buttide	28a. PLACE	OF INJURY -	At home, farm, a	treat, factory.	offica		281. LOCATIO	ON (Street a	nd Number	or Rural Br	uda Number
	6 Could n	Dulidin	ig, etc. (Specify,)				City or To	own, State)			rate training,
COMPLETED	29e. CERTIFIER											
린	(Check only	PHYSICIAN: To the best	knowled	lge, death occurre	d at the time,	data and	place, and due	to the cause(a	e) and man	ner ae stat	ed.	
ő	one) 2 MEDICAL EX	AMINER CAPTE DES OF	samination a	nd/or investigatio	n, in my opin	on, death	occured at the	time, data and	place, an	d due to th	a cause(a)	and manner as stated.
Ш	29h. SIGNATUPE AND TITLE OF CEI	SEFIEN .	-			290	LICENSE NUI	MBER		29d DATE	E SIGNED	Month Day Year)
₽	1	-					1199	17		> /	-/.	1/9.
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED A	MES OF DEATH	H (ITEM 27) /5ma	Print)		0/ ///				//	112
	James C Boyd			nardtow		-177] a m	d 206	550			1	
Ä	31. DATE FICED (Month, Day, Year)		RAR'S SIGNAT		ri, Picti	утат.	M 200	550				
1	BEL () R 'Q)	41 10										
	00 32	tour Da	widson-1	Tunada							the c	

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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	21215-0020	N	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	al or attending physician.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Physics 1, 2, 3 sl be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	for use as the burlal-transit perm	Pages 1, 2	ري ري

	FOR							35828
	1 - STATE REGISTRAR	STATE OF MARYLAND C		MENT OF I		MENTAL HYGIE REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	MARK	WILLIAM		POMICE	ALEK	12 0	2 9	
		SEX 6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
	222 32 1133	^{™ 2 □ F} 32	YRS.			05-07-6	4	ELKTON, MD
DIRECTOR	9a. FACILITY NAME (If not institution, give street 113 NELLIES CORN	·		RISINO	G SUN	EATH	OECI.	OF DEATH L COUNTY
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCA	TION			10d. INSIDE CITY
	MARYLAND CEC	CIL		SING				1 YES 2 NO
¥		DATE DOSE		10	. =0 =			N OF WHAT COUNTRY?
FUNERAL	113 NEELIES CC	DRNER ROAD R. WAS DECEDENT EVER IN U.S. A	DATES	1 42 1110 254	21911		US	
ğ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES		If yes, or		NIC ORIGIN? (Specify Y nn, Puerto Rican, etc.) /y:	es or No— 14	Black, White, etc. SpecifyWHITE
ED	15. DECEDENT'S EDUCATI		ECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF B	USINESS/INDUS	TRY
COMPLET	(Specify only highest grade com Elementary/Secondary (0-12) 12	College (1-4 or 5 +)	e. Do NOT use	rk done during me retired.) Y WOR		MAUNFA	CTITET	NC
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide		
BEC	WILLIAM V. PO	MICHALEK			ВЕТТУ	НЕАТН		
	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING A	DDRESS (Street		Route Number, City or To	wn, State, Zip Co	ode)
2	LAURA J. POMIC					R ROAD,		
8	1 X Burial 2 Cremation 3 Removal	from State 20b. PLACE cemetery c	ematory or oth	er place)	ame of	12-5-92	OCATION — CIT	y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	IIMMA	CULAT		DEPTION ADDRESS OF F		ELK'	TON, MD
	all statistical of Function Service Great	/					EO A Da	
	23. PART I. Enter the disputes, or com		s s=		METATA DI	DET STA	DE	FUNERAL HO
7	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (DR AS A CONS	renet	etho	and o	+ Hea		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI						
- 1	PART II. Other significant conditions co	ontributing to deeth but not	resulting in	the underlyin	g ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL						YES	2 NO	COMPLETION OF CAUSE OF DEATH?
Σ						_ '		YES 2 NO
2								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (C	neck only one)		
2	1X YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpetient			e 5XIXesidence	6 Other (Specify)		
7	27. MANNER OF OEATN 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	286. TIME INJU		JURY AT DRK?	28d. OEŞCRIBE NOW	INJURY OCCU	NOTINE
5	2 Accident Investigation	12-02-1992	12:0	021	YES ZYNO	SELF INF	LICTE	GUNSHOT UNI
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At It building, etc. (Specify)	ome, farm, sti	eet, factory, offic	•	26f. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,
3 1			IN CA	R		113 NEL	LIES (CORNER ROAD
	a Promicide determined							
MPLEIEC	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, o						
	29e. CERTIFIER (Check only one) 1				leath occured et the	time, data and place,	end due to the c	euse(s) and manner as stated.
N L	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, o				time, data and place, a	29d. DATE S	
u o	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0 2111, TIGHT TURE AND TITLE OF CERTIFIER	N: To the best of my knowledge, on the bests of examination and/o	rinvestigation	, in my opinion, o	eath occured at the	time, data and place, a	29d. DATE S	suse(e) and manner as stated.
u o	29e. CERTIFIER (Check only one) 1	N: To the best of my knowledge, on the beele of examination and/or	r investigation.	, In my opinion, o	29c. LICENSE NU	time, data and place, a	29d. DATE S	HIGNED (Month, Day, Year) - 0 2 1 9 9 2
TO BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN (Check only one) 2 MEDICAL EXAMINER: 0 21b. THE TURE AND TITLE OF CERTIFIER 387. NAME AND ADDRESS OF PERSON WHO CO	N: To the best of my knowledge, on the beele of examination and/or	EM 27) (Type, F	n Stre	29c. LICENSE NU	time, data and place, of MBER	29d. DATE S	issues(s) and manner as stated. IGNED (Month, Day, Year) - 0 2 - 1 9 9 2



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	В	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3. TIME OF DE	ATH
	DAVID	1.			PUCKET	r Jr.	1.2	0 6	YEAR 92	1:25	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	HRTH	8. BIRT	HPLACE (State or	Foreign
ગ	226-54-1808	1 🔀 M 2 🗌 F	49	YRS.	MONTHS DAYS	HOURS MIN.	4/14	743	Was	hington	, D.C
HO.	98. FACILITY NAME (If not institution, give st 6302 LEAPLEY RO					MARLBO			COUNTY OF I		
劂	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
NOIR HIGH	Maryland Prince	George's	3		oer Marl					10d. INSIDE CIT LIMITS? 1 X YES 2	
FUNERAL DIRECTOR	6302 Leapley Rd.				10	20772		10g.	CITIZEN OF USA	WHAT COUNTRY	
À	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		13. WAS DEC if yes, ap 1 YES	ecity Cuban, Mexics 2/2 NO Specific	NIC ORIGIN? (S in, Puerto Rica y:	pecify Yes or No 1, etc.)	Blec	E — American in ik, White, etc. il/y: 1te	dian,
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	USUAL OCCUPATI	ON set of working	16b. KIN	O OF BUSINESS	/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Me.	Do NOT u	ployed	st or working	Can	rpentry	Cont	ractor	
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden Suman	10)		
BE	David M. Puck	ett, Sr.				Audrey	Henry				
5	19a. INFORMANT'S NAME (Type/Print)	-				and Number or Rural					
-	Lydia M. Puckett		5	055	Seminar	y Rd. Ap	t.1236	Alexan	dria,	Va. 223	311
ì	20a, METHOD OF DISPOSITION 1/L/Burial 2 Cremation 3 Remo	oval from State	20b. PLACE A	ND DATE	OF DISPOSITION (N	ame of	DATE	20c. LOCATION	- City or T	own, State	
	4 Donation 5 Other (Specify)	()	Washi	ngto	n NAt.	Cemetery	1/2/10,	92 Sui	tland,	, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	les H			Georgi	P. Kala Oxon Hili	as Fune	eral Ho	me	1 207//	_
\dashv	23 ART Enter the diseases, or o	omolications that	caused the des	th Do	of enter the me	A of dving ave	L KQ. (XON H1	II, Mo	1. 20743	_
	immediate cause (Final disease or condition resulting in death)	Acute	e on each line.	ror	ic alc	ohalism				interval	Between nd Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEQU	UENCE O	F):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (C	OR AS A CONSEQU	UENCE O	F):						
	PART II. Other significant conditions	a contributing to d	leath but not re	euitina	in the underlyin	n cattee alven in	Part I 24	. WAS AN AUTO	EV 241	b. WERE AUTOPSY	CHICHICA
MEDICAL	Dilated cardi				The discontinu	g caosa given in		PERFORMED?		MAILABLE PRIO COMPLETION OF OF DEATH?	R TO F CAUSE
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL										
ᅙ	EXAMINER?	HOSPITAL:	-1314000		OTHER.	ACE OF DEATH (Ch					
ΥS	1 X YES 2 NO	1 Inpetient 2 .		1	4 - Nursing Hon	ne 5 Ansidence					
품	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF II (Month, Day	(, Year)		URY WO	URY AT	28d. DESCRI	BE HOW INJURY	OCCURED		
À	2 Accident Investigation	Found: 1		Unk		YES 2 NO	Unkno				
TED	3 Suicide 6 Could not be determined	Home	INJURY — At horn tc. (Specify)	ne, farm, :	street, factory, offic	•		N (Street and Number, State) 63 arlboro,			Rd.
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINED	CIAN: To the best of m					to the cause(s) and menner as	stated.		stated.
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI				D (Month, Day, Yea	
BE	Donald XI	Alsinh.	MA			O.C.M.			12/0		
2	30. NAME AND ADDRESS OF PERSON WHO DONALD G. WRIGH			,.							0.0.1
	31. DATE FILED (Month Port 1644) 199	2 32. REGISTAAR	SPIGNATURE	Pand	K Stre	et, Bal	LINOL	e, Mal	ryran	d 212	.UI

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reta	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be noti
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31. DATE FILED (Month, Day, Year)

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92 35830 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 11/20/92 PED Bippeon Edward Cornelius 3. TIME OF DEATH DWARD 1039 AMM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Maryland (Month, Day, Mar 220-05-7414 1 XM 2 F 76 5,1916 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 | NO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 299 Hurley Ave. 20850 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES 2 XNO Specify BY 3 Widowed 4 Divorced W.W. 11 White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 9 Mechanic Garage 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Jesse Rippeon Carrie Crum 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Janet L. Poston 6951 Brighton Court # 203, Frederick, Md. 21701 eq 29. METHOD OF DISPOSITION
1.A. Burlel 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE HUST emetery. cremetox 2 gither place) Mount Olivet Cemetery11/23/92 Frederick, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. w 0 26401 Ridge Rd., Damascus, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition resulting in death) 6 lus event, traumatic MEDICAL CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Item 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide t CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER; Off the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MPORTANT:

MO

32 REGISTRAR'S SIGNATURE LIVING DAVIDSON-RANGER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992

29d. DATE SIGNED/(Month, Day, Year) 20 SHONEFIERD 2309 DHMH-16 Rev 1/89

1 - STATE REGISTRAR	STATE OF MARYLA		ATE OF DEATH	MENIA	REG. NO.			3031
1. DECEDENT'S HAME (First, Middle, Leet)	MARY EVA R	HODERICK	ODERICK	2. DATE MONT	OF DEATH		AR	TIME OF DEATH
4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS.		OF BIRTH	0.1		ACE (State or Foreign
214-32-4763	1 🗆 M 2 😾 F	91 YRS. MO	NTHS DAYS HOURS MIN.	1 1	7-1901		lary)	land
Sa. FACILITY NAME (If not institution, give str	eet and number)	91	CITY, TOWN OR LOCATION OF E			9c. COUNTY		
Northhampton Mar	nor Nursing H	lome	Frederick			Frede	rick	<
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				100	d. INSIDE CITY LIMITS?
Maryland Frede			lerick				1%	YES 2 NO
100. STREET AND NUMBER North	nampton Manor	Nursing	Home 101. ZIP CODE			10g. CITIZEN	OF WHAT	T COUHTRY?
200 East Sixteer		· ·	21701			[]	.S.A	۸.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HISPA	NIC ORIGI	1? (Specify Year			American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Maxic		Rican, etc.)		Specify:	ritta, etc.
3 🔀 Widowed 4 🗌 Divorced			11		``			White
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S US	done during most of working	162	KIND OF BUSI	HESS/IHDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	tired.)					
7 years		Homemal	cer					
17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S N	AME (First,	Middle, Maiden S	umame)		
Unknown			Bessie	Drap	er			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura			State, Zip Cod	de)	
Mrs. Eva R. Barbe	eito	7004 Rt	unnymeade Cour	t Fro	derick	MD 2	1702	
20a. METHOD OF DISPOSITION	20b, I	PLACE OF DISPOSITI	ON (Name of cemetery, crematory or			ATIDH — City		
1 M Burial 2 Cremation 3 Remo	wal from Stata Mo:	other place)	et Cemetery	11/	10 Emo.	done do lo	Ma	1 1
21. SIGNATURE OF FUNERAL SERVICE LIG	INSEE \	OTIVE	22. HAME AND ADDRESS OF F	ACILITY	Tol Fred	ierick	Ma	iry.iana
6 ×10 ACO	1 k // 2 m/	_	ROBERT E. DA	ILEY	& SON I	FUNERA	L HO	MES. P.A.
Serenco	LUKEUT	7						
		_	1201 NORTH M	ARKET	ST. FI	REDERI	CK_	
23. PART L Enter the diseases, or or shoot or heart fellure I	omplications that divised	the death. Do not	1201 NORTH M	ARKET	ST. FI	REDERI	CK .	MD_21701 Approximats
23. PART L. Enter the diseases, or conshipment fellure. L. IMMEDIATE CAUSE (Finel	omplications that divised list only one cause on each	the death. Do not	1201 NORTH M	ARKET	ST. FI	REDERI	CK,	MD_21701
IMMEDIATE CAUSE (Finel disease or condition			1201 NORTH M. enter the mode of dying, su	ARKET	ST. FI	REDERI	CK ,	MD 21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel			1201 NORTH M	ARKET	ST. FI	REDERI	CK,	MD_21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel disease or condition		ARDIOPU	1201 NORTH M. enter the mode of dying, su	ARKET	ST. FI	REDERI	CK ,	MD_21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A (ARDIOPU	1201 NORTH M. enter the mode of dying, su	ARKET	ST. FI	REDERI	CK,	MD_21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A (CONSEQUENCE OF):	1201 NORTH M. enter the mode of dying, su	ARKET	ST. FI	REDERI	CK,	MD_21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	CONSEQUENCE OF):	1201 NORTH M. enter the mode of dying, su	ARKET	ST. FI	REDERI	CK,	MD_21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	1201 NORTH M. enter the mode of dying, su	ARKET	ST. FI	REDERI	CK,	MD_21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):	1201 NORTH M. enter the mode of dying, su	ARKET	ST. FI	REDERI	CK,	MD_21701 Approximats Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):	1201 NORTH M. enter the mode of dying, su	ARKET ch as car CoST	ST FI	REDERT atory street	24b. WE	Approximate Interval Between Onset end Death
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONTROL OF AS	CONSEQUENCE OF):	1201 NORTH M. enter the mode of dying, su	ARKET ch as car CoST	ST FI diac or respir	REDERT atory street	24b. WE	Approximate interval Between Onset end Death Onset end Death ERE AUTOPSY FINDINGS RILABLE PRIOR TO MPLETION OF CAUSE
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CONTRIBUTION OF A CONTRIBUTION OF AS A CONTRIBUTION OF AS A CONTRIBUTION OF A CONTRIBUTION OF A CONTRIBUTION OF A CONTR	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in	1201 NORTH M. enter the mode of dying, su	ARKET ch as car CoST	ST FI	REDERT atory street	24b. WS ANN CO OF	Approximate interval Between Onset end Death ERE AUTOPSY FINDINGS RILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILED (Month, Day, NOVI 8

1992

32. REGISTRAR'S SIGNATURE

ma nurwon-Mandale

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THE HUSTIAL OF ALIENDING PRISICIAN: THE IAM REQUIRES THAT THE DESIGN CONTINUES OF TREATMENT OF T	보	iled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	20 of the market or them 23 shows any injury or other traumatic avent the market aventual he notified at once

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 12:54AM 2. DATE OF DEATH 11/15/9 K3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Maxine ROGERS Ward Rogers YEAR 9a 0054 Ward maxine 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day Year Virginia 1 M 2 X F DAYS HOURS 3/08/1924 234-32-8335 68 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Rochuille Adventist Hospita montgomery 10a, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Clarksburg Maryland Montgomery 1 NES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 23533 Stringtown Road 20871 American 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES ZONO Specify Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Physical dery (0-12) College (1-4 or 5 +) Public School 12 4 Education Teacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Dressel Ward Eve Morrison BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 23533 Stringtown Rd., 20871 Maxwell M. Rogers Clarksburg, Md. 20a. METHOD OF DISPOSITION

1 K Burlal 2 Cremation 3 Rem 20c. LOCATION — City or Town, State

Morgantown,

Virginia 20b. PLACE AND DATE OF DISPOSITION (Name of DATE West Cemetery 11/18 Pisgah Meth. 4 Donation 5 Office (Specify) 21. SIGNATURE OF FUHERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funeral Hm. ellems Whert 20872-0117 Damascus, Maryland 23. PART L'Enter-the-diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ YM PHOMA IGNANT resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XX 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Numing Ho 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 29h. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 13 Commell **>** // 15 222 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AME OCKYLLE M. 0000 20850

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
=7	Harold Oscar					12 9	1992	
	4. SOCIAL SECURITY NUMBER 234-52-8962	5. SEX 6. /	GE (In yrs. last birthday) 58 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 2, 1	Cou	THPLACE (State or Foreign nity) Aryland
~	9e. FACILITY NAME (If not institution, give str				R LOCATION OF D		9c. COUNTY OF	
DIRECTOR	Garrett County Mem	orial Hosp	pital	0ak	land		Gar	rett
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
ā	MD	Garrett			0akla	ind		LIMITS? 1 YES 2 NO
3AL	Rt. 1, Box 5864			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	40. WHO DECEMBER 5			2155		US	
84	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 XX IF YES, GIVE WAR OF 1956-58	OR DATES	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2XXNO Speci	NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) ly:	Bio	CE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION OF MAI	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIB. Do NOI use	retired.)	or or worning			
OMP	17. FATHER'S NAME (First, Middle, Last)		Owner				nd Co.	
ö	William Cal	vin Ro	oth		Bernic	AME (First, Middle, Melden e Evel		lartin
3E (19a. INFORMANT'S NAME (Type/Print)	VIII ICC		DDRESS (Street a		Route Number, City or Town		lartin
9	Helen R. Roth					kland, Mar		21550
	20a. METHOD OF DISPOSITION 1 💢 Burlal 2 □ Cremation 3 □ Remote 4 □ Donation 5 □ Other (Specify)	val from State	20b. PLACE AND DATE OF COMMETTER, Cromatory or other Garrett Co	er place)		DATE 20c. LO		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Garrett Co		D ADDRESS OF F		land, M	aryland
	Brodlen	Down		32	S. Secon	eral Home d St., Oak		21550
	23. PART I. Enter the diseases or conshock, or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ventric	on sech line. cular Arrhy as a consequence of:	thmia	de of dying, suc	th as cardled or respi	ratory arrest,	Approximate Interval Between Onset and Death Sudden
o	Sequentially list conditions, if any, leading to immediate		.c Heart Di:					Minutes
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	Arterio	sclerotic	Cardio-	Vascular	Disease		Unknown
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):					
	PART II. Other algnificant conditions	contributing to dea	th but not resulting in	the underlying	Cause given in	Part I. 24s. WAS AN	aurroney I a	lb. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Aortic Valve	Stenosis -	known for	severa	l years	PERFOR	MEO?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (C/	neck only one)		
IYS	15 YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 X ER/	Outpatient 3 DOA 4	☐ Nursing Hom		8 Other (Specify)		
4	1 🕅 Natural 5 🗌 Pending	(Month, Day, Ye	ar) 28b. TIME INJUI	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
84	2 Accident Investigation 3 Suicide & Could and be	28a. PLACE OF INJ	URY — At home, farm, str			281. LOCATION (Street a	nd Number or Bure	I Boute Number
Ë	4 Homicide 8 Could not be	building, etc.	Specify)	111111111111111111111111111111111111111		City or Town, State)		, route manual,
COMPLETED			nowledge, death occurred					(a) and manner as stated.
BE	295. SIGNATURE AND PITLE OF CERTIFIER	11.	14 2	0	29c. LICENSE NU	MBER	29d. DATE SIGNE	O (Month, Day, Year)
2	Herpert M.	forg 1	don Mes	1-	D 0565	8	Decem	ber 10,1992
	36 NAME AND ADDRESS OF PERSON WHO Herbert H. Leight				t, Oakla	nd, Marylan	nd 2155	0
12	31. DATE FILED (Month, Day, Year) DEC 1 4 100	32 REGISTRAR'S S	IGNATURE					

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	F	REG. NO.		
- 8	1. DECEDENT'S NAME (First, Middle, Last)		/)	,	2. DATE OF			3. TIME OF DEATH
	MARIE	POWELL	<i>*</i>	(1991)	/	Decemb	DAY	YEAR	1320
	4. SOCIAL SECURITY NUMBER				V	2000	7	1992	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER YEAR		7. DATE OF (Month, De		8. BIR	THPLACE (State or Foreign intry)
	217-07-8893	1 M 2 VF 9	YRS.	ONTHS DAYS	HOURS MIN.	02 19			rvland
- 3	Se. FACILITY NAME (If not institution, give a			A CITY TOWN	OR LOCATION OF D	102 12		COUNTY OF	
œ				SALIS		EATH		WICOM	
ō	PENINSULA REGIONA	L MEDICAL CE	MIEK	SALIS	DUKI			WICOM	1100
5	RESIDENCE OF DECEDENT								
H	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
=	Maryland Wico	mico		Salis	hurv				1 TES 2 NO
اپ	10e. STREET AND NUMBER	MILCO			Of ZIP CODE		100	CITIZEN OF	WHAT COUNTRY?
A A	3-2-5 Par 2-3-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3			- 12	oi. Eir oobl		109.	CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	<u>Waterview Heal</u>	thcare Cen	ter		2180	1		U	.S.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ECENDENT OF HISPA			- 14. RA	CE American Indian, ick, White, etc.
IL.	1 Never Married 2 Married	FORCES? 1 YES			specify Cuben, Mexico		n, etc.)		
ВУ	3 Widowed 4 Divorced	120, 0.12 10.11 011 0		1	S 2 NO Specia	·y.			hite
0	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	PILLAL OCCUPAT	TION	T 405 MM	ID OF BUSINES		IIICC
2	(Specify only highest grade	completed)	(Give kind of wo	rk done during r	nost of working	160. KJ	TO OF BUSINES	S/INDUSTRY	
m	Elementary/Secondary (0-12)	College (1-4 or 5+)	Inii. Do NOT use	rearea.)					37.1
A	10		Labo	orer		B1 f	nd In	dust	ries of Md.
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA				
	Hanny Dawal	1			Dak		1		
BE	Harry Powel					oa Ac			
9	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stree	t and Number or Rural	Route Number,	City or Town, Stat	e, Zip Code)	
-	Robert E. Powe	11	1006	Adams	s Ave. A	Ant. 3	C. Sa	lish	ury, MD.
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF				20c. LOCATIO		
	1 Burial 2 Cremation 3 Rem	oval from State can	netery, crematory or other	er place)		1	6.7.		
- 8	21. SIGNATURE OF FUNERAL SERVICE LIC	SENERE S	alispur	/ tre	ANO ADDRESS OF FA	12/5	<u> </u>	SDUI	y, Maryland
	The state of the s	. A			nan Fune		lomo		
		1. (1	M00005					0 = 7	
	23. PART / Enter the diseases, or o	- Lauren	M00295	Pri	ncess Ar	ine. N	10. 21	853	
	shock, or heart failure.	List only one cause on e	ach iine.	t enter tha n	lode of dying, suc	ch as cardiac	or respirator	y arrest,	Approximate Interval Between
	//	The second secon							Onset and Death
	disease or condition	Hun Louris	- An0100	indas	· Con ly.	Cacha la	~ DICE	217073	10010
	resulting in death)	A. Hypentensiv	CONSEQUENCE OF:	SCIETOTI	Callulat	/ as the w	T DISC		yeas
_									i ′
8	Sequentially list conditions,	b	CONSEQUENCE OF:						
E	if any, leading to immediate	DOE TO (OH AS)	CONSEQUENCE OF):						
2	CAUSE (Disease or injury	c							
느	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	d.							
5									
7	PART II. Other significant condition	s contributing to death b	ut not resulting in	the underly	ng cause given in	Part I. 24	n. WAS AN AUTO		4b. WERE AUTOPSY FINDINGS
EDICAL	Chronic Obstra	ctive Luna	Dispose	Des M	antin		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0	Dal 1	1	p is case	1/2 11/1	2111100	— '	YES 2 N	°	OF DEATH?
Σ	Dehydration								1 TYES 2 NO
ä								- 1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (C)	heck only one)			
2	EXAMINER? 1 Tes 2 M NO	HOSPITAL: 1 Inpetient 2 M ER/Out		OTHER:					
ž l	27. MANNER OF DEATH	26e. DATE OF INJURY			rne 5 🗌 Residence				
立	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJUI	RY V	NJURY AT VORK?	28d. OEŞCRI	BE HOW INJURY	OCCURED	
ВУ	2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, str	eet, factory, of	lice	281. LOCATIO	N (Street and Nu	mber or Run	il Route Number,
回	4 Homicide determined	building, etc. (Spe	uny)			Uny or h	own, Stete)		
Щ	29e. CERTIFIER								
릴	(Check only 1 (A CEHTIFTING PHYSI	CIAN: To the best of my know							
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation,	In my opinion	death occured at the	time, date and	place, and due	to the cause	e(e) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER								
BE	Al man and the	10 0			29c. LICENSE NU	A C			EO (Month, Day, Year)
9	Suomas C. Hell	11.M, V,			1080	05			4-92
F	36. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)					
	THOMAS C. Hill	1.R - 108	PILIE RIM	EGD-	1, SAHS	DUM	Mil	71	8/1
- 1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		-, SAUS	DURY,	1.61	4	301
	arris i rese littornii, brdy, rodii)	VALUE OF THAN 3 SIGN	Jana Bandag						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CER	RTIF	CATE O	F DI	EATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. 1	DATE OF DEATH			3. TIME OF DEATH
- 3	Howard Ennis Roye	r						P C1	AY	YEAR	U3 (1) "
		In yrs. last bir	rthrlau)	IF UNDER 1 YEAR	l IE	UNDER 24 HRS.	7.5	DATE OF BIRTH		2 2122	THPLACE (State or Foreign
		100		MONTHS DAYS	_	URS MIN.		2/24/1		Coun	itry)
- 4		0	111					2/24/1	1	P	A
-	Sa. FACILITY NAME (If not institution, give street end number)			96. CITY, TOWN	N OR LO	CATION OF	HTAJC		9c. COU	INTY OF	DEATH
DIRECTOR	Carroll County Gen. Hosp	ital	.	West	mi	aster			Ca	rro	11
5	RESIDENCE OF DECEDENT										
#	10a. STATE 10b. COUNTY	1	Oc. CITY,	TOWN OR LOC	CATION						10d. INSIDE CITY LIMITS?
	MD Carroll			West	mi	aster	•				1 YES 2 NO
7	10s. STREET AND NUMBER				10f. ZIP	CODE			10g, CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1127 Uniontown Road					2115	Q			.s.	
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	III & ADME		40 1170 0	505115		_				//
	1 Never Married 2 X Married FORCES? 1 YES	2 X NO		If yes,	specify	Cuban, Mexic	en, Pu	RIGIN? (Specify Yes	or No-	14. RAC	CE — American Indian, ck, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	TES		1 🗆 Y	ES 2 🔀	NO Spec	tty:			Sper	Mite
										W.	IIT 66
2	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give i	CENT'S U	ISUAL OCCUPA ork done during i retired.)	TION most of	working		16b. KIND OF BU	SINESS/IN	DUSTRY	
"	Elementary/Secondary (0-12) College (1-4 or 5+)										
P	12	ins	pec	tor			_	Bendia	c Co	rp.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S N	AME (F	irst, Middle, Maiden	Surname)		
BEC	John D. Royer					Ida M		Little			
0	19a. INFORMANT'S NAME (Type/Print)	19b, M	AILING A	ADDRESS (Stree				Number, City or Tow	on State 76	n Codel	
2	Mrs. Evelyn Royer		27								WD 24450
											, MD 21158
	1V Burial 2 Cremetion 3 Removal from State			F DISPOSITION (1	DATE 20c. LO			
	4 □ Donation 5 □ Other (Specify) Me	adow	Br	anch	Cer	<u>neter</u>	У	12/11	Wes	tmi:	nster, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					ORESS OF F			. 0	(1) a	- 7
	Debest W Deitt	~						al Home			
	Robert K. Pritts.			412	W &	ashin	gt	on Rd	We	stm	inster. MD
	23. PART I. Enter the disesses, or complications that ceused shock, or heart failure. List only one cause on earths.	the deeth	. Do no	ot enter the n	node d	f dying, su	ch ss	cerdiec or reep	iratory sn	rest,	Approximats Interval Batween
	IMMEDIATE CAUSE (Final	-	A . 13	A							Onset and Death
	disease or condition	Ł	M	1 A							10.11
	DUE TO (DR AS A	CONSEQUE	NCE OF)	:							Aco wen
z											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	CONSEQUE	NCE QF)	:							
X	cause. Enter UNDERLYING										
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A	CONSEQUE	NCE OF)								
E	resulting in death) LAST										
三	d										
7	PART II. Other significent conditions contributing to death be	ut not resu	iting in	the underlyi	ing car	se given ir	Part	1. 24e, WAS AN	AUTOPSY	Lev	b. WERE AUTOPSY FINDINGS
EDICAL	A Men Scherette	- Ha	50	IT	18	Con		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
<u>a</u>	A VIOLOGIC	M		4 00	~//	2-01	1	1 - YES 2	C DAG		OF DEATH?
Z											1 YES 2 NO
Ë											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE	OF DEATH (C	heck or	nly one)			
S	1 YES 2 DIO 1 Inpetient 2 ER/Output	ntient 3 🗆 I		OTHER:	uma 6	□ Beeldense		Other (Specific)			
₹ I	27. MANNER OF DEATH 28s. DATE OF INJURY		bb. TIME		NJURY .		7	OEŞCRIBE HOW I	N.IURY OC	CUREO	
	1 Natural 5 Pending (Month, Day, Year)		INJU	RY V	VORK?	2 ND		ordening Home		JOILE	
BY	2 Accident Investigation	414			-	2 140	-				
0	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY building, etc. (Special Could not be determined)	— At nome,	term, str	reet, tectory, off	lice		261.	LOCATION (Street of City or Town, Stete)		or Rural	Route Number,
COMPLETE	The results										
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	edge, death	occurred	at the time, de	te end	place, end du	e to the	cause(e) end mar	vner ee sta	ted.	
Z I	one) 2 MEDICAL EXAMINER: On the basis of examination										a) and manner as stated
2				, -,				one present en			
BE	295 BIGNATURE AND TITLE OF CERTIFIER				29c	LICENSE NU	-		29d. DAT	E AIGNET	D (Month, Day, Year)
TO E	township wayou	ma			1	210	3	00		12	19192
F	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA			Print)							
	CHITRACHEDY NAC.	ANIA	1.1	7	01	7 A	DA	RO PM	WE	STM	IN WELKI)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ments be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DEC 1 1 32

52

32. REGISTRAR'S SIGNATURE

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The state of the s

4/14 3 4 2

and the desire

BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physicia	1 by the funeral director, page 5 should be detached for use as the burial-transminal	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cettificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transfer of many within 72 hours after death with the State Deat of Health and Mental Horiene notor in burlal companion or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIFI	MENT OF H		MENTAL HYGIE			, 0 0 0
	1. DECEDENT'S NAME (First, Middle, Last) Margaret	m.	Rvan			2. DATE OF DEATH	DAY q	3	TIME OF DEATH
H	4. SOCIAL SECURITY NUMBER 106-12-7419 8a. FACILITY NAME (If not Institution, give si	5. SEX 1 M 2 TF	e. AGE (Intyrs. lest birthday) 73 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF D	7. DATE OF BIRTH (Month, Dey, Year) 8-27-19	9c. COUNT	Ohio	
DIRECTOR	Anne Arundel Med	ical Cen		Annapo	lis			7.0	undel
	MD Annel 10e. STATE 10e. COUNTY MD Annel	Arunde1		nold	ZIP CODE		40. 077176	1	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY?
FUNERAL	303 Alameda Pkwy			101	21012			S.A.	AT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 21 NO AR OR DATES		city Cuban, Maxic	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) by:	es or No— 1	Black, 1 Specify:	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Me. Do NOT use	ork done during mod retired.)	N st of working	16b. KIND OF B	USINESS/INDU		***************************************
DME	17. FATHER'S NAME (First, Middle, Last)		Homemak	er	10 MOTUEDIO N	Home ME (First, Middle, Maide			
	Clarence Moon			1.00		ssa Green	n Sumame)		
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a		Route Number, City or To	wn, State, Zip C	ode)	
5	Mr. Frank Ryan		664 K	lees Mil	1 Rd. W	estministe	er, MD	2115	57
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Rame	oval from State	20b. PLACE AND DATE O cemetery, crematory or oti	F DISPOSITION (Na			OCATION — CI		
	4 Donation 8 Other (Specify)		MD Vetera	ns Cem.			ownsvi	11e,	MD
	21. SIGNATURE ON FUNERAL SERVICE LIC	Bar	ra.	7.00	o Address of F	4	195 Rit		Hwy.
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF		tie F	Uman an	Oi.	Ie.	intervel Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	a contributing to		n the underlying	ceuse given in		N AUTOPSY PRIMED? 2	O O	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	eck only one)			
YSI	1 TYES 2 1200	1 Inpetient 2		4 - Nursing Home		8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF ((Month, Da		MY WO		28d. DESCRIBE HOW	INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF building, of	INJURY — Al home, larm, et dc. (Specify)	reet, fectory, office		281. LOCATION (Street City or Town, State		Rural Rou	nte Number,
COMPLETED			my knowledge, death occurrent imination and/or investigation						nd manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	me	la u		29c. LICENSE NU	MBER 77 &	29d. DATE :	SIGNED (M	fonth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	MILL	En M	Print)	16 Ann	45nn	MY	NKO D	1421
	31. DATE FILEO (Month, Day, Year) DEC 1 0 1992	Julia Dav	don-Rindall			0			,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			CHIIF	ICAL	E OF	DEA	I H		REG. NO.			
	1. decedent's name (First, Middle, Lust) Imelda [Russell						2. DATE OF MONTH	DA	199	YEAR 2	3. TIME OF DEATN
Ιų	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, I				IPLACE (State or Foreign
	216-32-0686	1 🗆 M 2 🖟 F	91	YRS.					Dec.			Mar	yland
œ	9a. FACILITY NAME (If not institution, give s	treet and number)					R LOCATI	ON OF DE	ATH			NTY OF D	
DIRECTOR	300 Halsey Road				Annapolis					Anne Arundel			
RE	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION					10d. If			10d. INSIDE CITY	
ā		Arundel		1	Annaj	poli	S						YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD						VHAT COUNTRY?
NE	300 Halsey Road							+01					d States
2	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO		If yes, sp	ecify Cuba	n, Maxica	HC ORIGIN? (n, Puarto Ric	Specify Yea an, etc.)	or No	14, RACE Black	- American Indian, c, While, etc.
BY	3-Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES			1 YES	2 X NO	Specify	r:			Speci	White
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON working		16b. K	IND OF BUS	INESS/INE	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) h	Give kind of the Do NOT us		uumy mo	GE OF WORK	**		16 7			
₩		2		Nurs	se					Med:			
BE COMPLETED	17. FATNER'S NAME (First, Middle, Lest) Joseph Gesner								ME (First, Mid		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)			Db. 84410 (NIC	ADDRES	0 (0)4		ttie	O Be				
2	George E. Russell		,	300 I					apolis				
	20a. METHOD OF DISPOSITION		20b, PLACE	AND DATE				121111	DATE		CATION —		wn State
	1: Burtal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval train State	St. N	remetory or o	ther place)	nete	rv	12	2+09-9				
	21 DIGNATURE OF FUNERAL SERVICE LIC	EMSEE /					D ADDRE	SS OF FAC					Home
	Trappo d.	Y. Ya	/		12	+7 D1	uke o	of G					oolis, MD
100	23. PART I. Enter the diseasea, or	omplications the	t caused the d	leeth. Do r									Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	ise on each lin	10.		/			-				Interval Between Onset and Death
	disease Dr condition resulting in death)	. Corle	10 - LE	une	mal.	ein	1		un	2			Right
	to south	DUE TO	OR AS A CONSE	GUENCE O	F):	0/	11	110					To reg
Z	Sequentially list conditions,	K	Value estat un a value	- Carlo Various			<i>V</i>						(
Ĕ.	If any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONSE	EQUENCE OF									
FIG	CAUSE (Disease or injury that initiated events	DUE TO	(OFF AS A CONSE	EQUENCE OF	P):								
CERTIFICATION	resulting in death) LAST				S.								
8	DART II OU I III II III												1
EDICAL	PART II. Other algnificant condition	6 contributing to	death but not	resulting	in the ur	nderlylng	g ceuse g	lven in l	Part i. 2	Ia. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă									1	YES 3	NO		OF DEATH?
Σ									— I			ŀ	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	FATH (Che	nck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DDA	OTHE!	R:	P .		6 Other (S	Enacify)			
Ě	27. MANNER OF DEATH	26a. DATE OF (Month, D.	INJURY	28b. TIM		28c. INJ		1	26d. DESCF		JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	[Mona, D	ay, really	ING	M		ES 2] NO					
28	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At h	ome, farm, s	street, fact	tory, office	1			ON (Street a	nd Number	or Rural R	loute Number,
	4 Homicide detarmined									John, State,			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC												
Š	one) 2 MEDICAL EXAMINE	R: On the beals of ex	xamination and/or	Investigation	n, In my o	pinion, d	eath occur	ed at the	time, data an	d piaca, an	dua to th	ne cause(s) and menner as stated.
BEC	296. SIGNATURE AND TIPCE OF CENTURER	///	- (/				NSE NUM	MER				(Month, Day, Year)
TO B	Merce	ecce	ay "	re	e		> D05	192			▶ D	ec.	07, 1992
-	30. NAME AND ADDRESS OF PERSON WHI	M D	76 M	1110000000	Λ	ทมค	Ann	anol	is, M	D 21h	.07		
	Richard I. Hoch	32 HULLSTHA	HE SIGNATURE	Asndal	-		11111		e	- t	<u> </u>		
	DEC 0 8 19	94 guna	AVAIN GOOD A										

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1	-	FOR STATE REGISTRA
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	CERTI	FICATE (OF DEAT	ГН	REG. 1	10.		
	1. DECEDENT'S NAME (First, Middle, Last)				T	2. DATE OF DEATH			3. TIME OF GEATH
-	James Herbert Reeves					December	5, 19	992	17:35 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (in yrs. last birthde	y) IF UNDER 1 Y	EAR IF UNDER		7. DATE OF BIRTH			IPLACE (State or Foreign
	406-14-6479 1⊠ M 2 □ F	71 YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year, 1/29/21		Countr	ch, W VA
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY. TO	OWN OR LOCATE	ON OF DE			UNTY OF O	
Œ	Union Hospital of Cecil Co	untv		cton	011 01 02				SAIN
5	RESIDENCE OF DECEDENT		1 111	CLOII			LE	cil	
DIRECTOR	16a. STATE 10b. COUNTY	10c. C	TY, TOWN OR I	LOCATION					10d. INSIDE CITY LIMITS?
ā	Maryland Cecil		North E	last					1XX YES 2 NO
A	10e. STREET AND NUMBER			10f. ZIP COD	E		10g. Cl	TIZEN OF Y	VHAT COUNTRY?
FUNERAL	26 Cedar Hill Circle			2	1901		υ.	S.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1 Name Marital 2 7 Married FORCES? 1 Name Marital 2 7 Married FORCES?	ER IN U.S. ARMEO				C ORIGIN? (Specify	Yes or No-	14. RACE	- American Indian,
BY F	1 Never Married 2 Married FORCES? 1 S 3 Widowed 4 Divorced FYES GIVE WAR.			PES 2X NO		, Puerto Rican, etc.)			k, white, etc. WWhite
COMPLETED	15. DECEOENT'S EOUCATION (Specify only highest grade completed)	16a. DECEDENT	T'S USUAL OCCL of work done duri use retired.)	JPATION ng most of workir	ng	16b. KIND OF	BUSINESS/IN	IDUSTRY	
٦	Elementary/Secondary (0-12) College (1-4 or 5 +)					77 C	0		
M	8 N/A 17. FATHER'S NAME (First, Middle, Last)	N	ursing				Gover		t
	Dexter Reeves					Ellen Bl	,		
BE		- Fam.				_			
2	19a. INFORMANT'S NAME (Type/Print) Mary Reeves					oute Number, City or			
	20s. METHOD OF DISPOSITION		Cedar H		ссте				21901
	1 ☆ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLACE AND OAT cornetery crematory of UNION CE	or other place)	JN (Name of		1 .	1kton		rwn, State
	21. SIGNATURE OF UNERAL SERVICE-ACENSES	OHION O			SS OF FAC		IKLOII	, PID	
	· 11.11 00/11/1	5		ME AND ADORE OUCH FU					
_	10000 T. Cell			7 S. Ma			h Eas		21901
	23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause	used the death. Do	not enter the	e mode of dy	ing, such	as cardiac or re	spiratory a	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final		•						Onset and Death
	resoluting in dealth)	reumos	_						
	DUE TO (OR	AS A CONSEQUENCE	DF):	1		1 1:	0		
CERTIFICATION	Sequentially list conditions, b. OUE TO COR	Stage AS A CONSEQUENCE	120	aug n	So	m de	300	ne	
F	if any, leading to immediate cause. Enter UNDERLYING	AS A CONSCOUNCE	Orj.						i
윤	CAUSE (Disease or Injury that Initiated events OUE TO (OR	AS A CONSEQUENCE	OF):						-
E	resulting in death) LAST								!
DICAL	PART II. Other significant conditions contributing to dea	th but not resultin	g in the unde	rlying cause (given in i		AN AUTOPSY ORMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						1 [] YES	2× NO		COMPLETION OF CAUSE OF DEATH?
ME						_			1 YES 2 NO
PHYSICIAN: ME									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	26. PLACE OF D	EATH (Che	ck only one)			
XS	1 YES 2 NO 1 Month 2 ER		4 🗆 Nursing		esidence	Other (Specify)			
	27. MANNER OF GEATH 1 Netural 5 Pending 260. OATE OF INJ (Month, Day,)		INJURY	c. INJURY AT WORK?		28d. DESCRIBE HO	W INJURY O	CCURED	
>		MARTIN AAA		YES 2] NO				
à	2 Accident Investigation		n, street, factory,	, office	- 1	281, LOCATION (Stre City or Town, St		er or Rural F	Route Number,
	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF IN	(Specify)							
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF IN building, etc.	(Specify)							
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF IN building, etc. 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To like best of my	(Specify)					manner as st		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF IN building, etc.	(Specify)					manner as st		e) and manner as stated.
COMPLETED	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF IN building, etc. 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To like best of my	(Specify)		ion, death occur		ime, date and place	nanner as st	the cause(e	e) and manner as stated. (Month, Day, Year)
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination of examination of the basic of examination of the basic of examination of examination of examination of examination of examination of examination of examination of examina	(Specify) knowledge, death occunation end/or investige	ition, in my opin	ion, death occur	red at the t	ime, date and place	nanner as st	the cause(e	(Month, Day, Year)
COMPLETED	2 Accident 3 Suicide 4 Could not be determined 28e. PLACE OF IN building, etc. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the baste of examination of examinat	(Specify) knowledge, death occupation end/or investigs F DEATH (ITEM 27) (Ty	rpe, Print)	fon, death occur	ense num	ime, date and place	nanner as st	the cause(e	(Month, Day, Year)
BE COMPLETED	2 Accident 3 Suicide 4 Could not be determined 28e. PLACE OF IN building, etc. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the baste of examination of examinat	(Specify) knowledge, death occupation end/or investigs F DEATH (ITEM 27) (Ty	rpe, Print)	fon, death occur	ense num	ime, date and place	nanner as st	the cause(e	(Month, Day, Year)
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination of examination of the basic of examination of the basic of examination of examination of examination of examination of examination of examination of examination of examina	(Specify) knowledge, death occupation end/or investigs F DEATH (ITEM 27) (Ty	rpe, Print)	fon, death occur	ense num	ime, date and place. BER	nanner as st	the cause(e	(Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the filled within 72 hours after death with the State Dear of Abasih and Marral Hunison prior to burish over semantion or semantic.		
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	PH.	r this	arke	
	ADING	: Afte	E 8	
	ATTE	CTOR	28	
	OR.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filed within 72 bruns after death with the State Dent of Health and Mental Humbers indice to build premarition or common	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE		ICATE				MENTA	REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last)						DLA	1	2. DATE	OF OEATH		3	. TIME OF DEATH
	Bernard	William	1 6	STUL	L			l	NOV	. 18,	1992	YEAR	8:07 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		. BIRTHPL	ACE (State or Foreign
	214-10-5627	1 XXM 2 □ F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	May	29, 19ar)		fary]	
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DEA		27, 1	9c. COUNT		
OR	Citizens Nursir	ng Home				Fre	eder:	ick			Fre	eder:	ick
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
<u>E</u>				10c. CIT	Y, TOWN C							10	Dd. INSIDE CITY LIMITS?
3	Maryland F	<u>rederick</u>					leric						YES 2 NO
RA		27 Bethe	1 Dood			101.							AT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS		IT EVER IN U.S. ARI	MED	142	WAS DEC	217					J.S.A	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 XN	0		f yes, spe	cify Cuba	n, Maxican	, Puerto i	? (Specify Yes Rican, etc.)	or No 1	4. RACE — Black, V	American Indian, Vhita, stc.
BY	3 X Widowed 4 Divorced	IF 123, GIVE V	WIN ON DATES			I U YES	2 LX NO	Specify:				Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed	16a, DEC	EDENT'S	USUAL Of	CCUPATIO	N		16b.	KIND OF BUS	INESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	se retired.)	auning mos	it or worken	g					
MP	11		Form	an,	Chro	me F	lati	ng	Ev	veredy	Compa	any	
00	17. FATHER'S NAME (First, Middle, Last)									Aiddle, Maiden S			
BE		liam H	anson St							ıgleber			
9	19a. INFORMANT'S NAME (Type/Print)									er, City or Town			
	Mr. Harold B. Stu	11			_			Fred	eric	k, Md.			
	1 Donetion S Other (Specify)	oval from Stata	20b. PLACE A cemetery, cren	ND DATE (OF DISPOS ther place)	ITION (Nar	ne of		DATI	20c. LOC	ATION — CI	ly or Town	, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF	Mount	Oliv	et C	emet	ery,	11-2	1-92	Fred	lerick	t, Ma	ryland
1	Am a	11 -b	0							d P.A.	. Fune	eral	Home
	Man 1	- Ku	Usy M007		10)6 Ea	ast (hurc	h St	Fre	ederi	ck. N	id. 21701
	23. PART I. Entar the diseases, or cahock, or haart failure.	omplications that List only one cay	t caused the das	ith. Do r	ot entar	tha mod	le of dyl	ng, such	ss card	lac or raspir	atory arres	st,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disesse or condition	1	,	/									Onset and Daeth
	resulting in death)	mes	maria										2WK5
		DUE TO	(OR AS A CONSEO	UENCE O	F):								
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSEO	UENCE OF	PI:								
Ä	If sny, lasding to immediata cause. Entar UNDERLYING				,								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE OI	F):								1
F	resulting in death) LAST	d											
2	PART II. Other algnificant conditions	e contributing to	dooth but and up										
CAL	C-1/25	i countributing to	daath but not re	auiting i	in the un	darlying	cause g	Iven in P	art I.	24s. WAS AN A PERFORM	AED?	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
									-	1 YES 2	NO		OMPLETION OF CAUSE DEATH?
Σ									_			1	TYES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL												
O I	EXAMINER?	HOSPITAL:			QTHER		VCE OF DE	ATH (Chec	k only on	9)			
¥S I	1 VES 2 NO	1 Inpatient 2 I			4 Nurs	ing Home		idence 8					
	Natural 5 Pending	(Month, De		28b. TIM	URY	WOR	IK?		28d. DEŞ	CRIBE HOW IN	JURY OCCU	RED	
B	Accident Investigation 3 Suicide 8 Could get be	28s. PLACE O	F INJURY — At hom	ie ferm e	dreet fects		ES 2 🗌		201 1 004	TION (Complete	ad Alexanders are	0 -10 -	
COMPLETED	4 Homicide 8 Could not be determined	building,	atc. (Specify)	,	niwet, recti	y, ornes		Ι.	City o	ATION (Street are or Town, State)	id Number or	Hurai Hout	e Number,
<u> </u>	29a. CERTIFIER	MANA To Man have and				-			-				
₽ B	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	3: On the besis of a	my knowledge, deal	th occurre	d at the ti	me, data a	ind place,	and due to	the cau	se(s) end mann	er es atated		
	29h. SIGNATURE AND DITLE OF CERTIFIER		anniation entarot (i)	venugatio	11, III IIIY O	_							
BE	1///	2					29c. LICE	/ SC	DER -	,	29d. DATE S	IGNED M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF THE STATE OF THE	27) /5	Prines	۲		/ 37	1/		- /	111	1172
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					4.1- C	la.	17. 7		1 207	0170)1	
-	Dr. Robert L. 31. DATE FILED (Month, Day, Year)	NauIMann 32. REGISTRA	MD 300	west	Nin	th S	τ.,	Fred	eric	ck, Md.	. 21/()1	
	NOV 2 U 1992		wason-Har	dago.									

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TO THE FUNCTOR. After this certificate has been signed by the attention physician and completely filled in by the function, page 5 should be detached for use as the burish-triming. The properties of the page 5 should be detached for use as the burish-triming. The properties of the page 5 should be detached for use as the burish-triming.	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
	10 THE MOST FILE OF A LITERATION OF TRANSPORT OF THE MOST OF THE MOST OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE FUNE OF THE TRANSPORT OF THE TR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR			CATE OF		MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Onie Miles	SWEITZER				Dec. 8, 1	992 YEA	7:30 P M
4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. Bit	RTHPLACE (State or Foreign untry)
215-05-2212	M 2 F 7	73 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 14,	1919 Ma	ryland
9a. FACILITY NAME (If not institution, give street a	nd number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY O	F DEATH
Garrett County Memo	rial Hospi	tal	0a	kland		Garre	tt
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
MD	Garrett			Oaklan	d		1 YES 2 NO
10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
Rt. 7, Box 420				215	50		USA
	WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Yea	or No- 14. R	ACE - American Indian,
	IF YES, GIVE WAR OR D			2 ND Specif			pecify:
15. DECEDENT'S EDUCATION	204	184. DECEDENT'S U	CHAL OCCUPATI	242	16b. KIND OF BU		White
(Specify only highest grade comp	oleted)		ork done during me		100. KIND OF BU	SIMESS/INDUSTR	*
Elementary/Secondary (0-12) Co 7th	llege (1-4 or 5+)	Min	er		Coa	1 Minin	o
17. FATHER'S NAME (First, Middle, Lest)		22211		18. MOTHER'S NA	ME (First, Middle, Melden		5
Edward Theodor	e Swei	tzer		Anna	Floren	ce	Sweitzer
19s. INFORMANT'S NAME (Type/Print)			ADDRESS (Street		Route Number, City or Tow		
Elsie A. Sweitzer		Rt. 7	,Box 42	0, Oakla	nd, Maryla	nd 215.	50
20a. METHOD OF DISPOSITION 1 ★ Burlet 2 □ Cremetton 3 □ Removal	208	o. PLACE OF DISPOSI	ITION (Name of ce	metery, crematory or	20c. LO	CATION — City o	r Town, Stats
4 Donation 5 Other (Specify)	Ga	rrett Co			12/12 Oak	land, M	aryland
21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE 1			ND ADDRESS OF FA			
Bredley H. II	West				eral Home d St., Oak	land, M	D 21550
23. PART I. Enter the diseases, or comp	olications that cause	the death. Do no		The state of the s			Approximete
shock, or heart failure. List	A						Interval Between Onset and Death
disease or condition resulting in deeth)	Acute	Mya	czediz	1 In	farction		one hr.
Tooding in docking	DUE TO (OR AS	CONSEQUENCE OF):				0,,0,7,1,0
Sequentially list conditions, b							
if eny, leeding to immediate	DUE TO (OR AS /	CONSEQUENCE OF):				
CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE OF	١.				
	DUE TO (OR AS	CONSEQUENCE OF):				
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):				
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	entributing to death t			g cause given in			24b. WERE AUTOPSY FINDINGS
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co				g cause given in		RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	entributing to death t		n the underlyln	g cause given in	PERFO	RMED?	AMAILABLE PRIOR TO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions con Kespiraton, F	entributing to death t	out not resulting in	n the underlyln		PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	entributing to death t	out not resulting in	n the underlyin		PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to a line of the control of th	Pulmo 1721	26. POTHER:	SC2S-LACE OF DEATH (CI	PERFOI 1 YES : neck only one) 6 Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to	Pulmona	26. P OTHER: 4 Nursing Hore E OF 28c. IN	SC2S-LACE OF DEATH (CI	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	portributing to death to a line of the control of t	PU/M3 1/3 2 DOA 28b. TIME	26. POTHER: 4 Nursing Hore E OF 28c. IN WM 1	LACE OF DEATH (C/	PERFOI 1 YES : heck only one) B Other (Specify) 28d. DESCRIBE HOW	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to a live the contribution to death to a live to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to death to the contribution to death the contribution to death the contribution to death the contribution to death the contribution to death the contribution to the contribution	Pulmo 12 a	26. POTHER: 4 Nursing Hore E OF 28c. IN WM 1	LACE OF DEATH (C/	PERFOI 1 YES : neck only one) 6 Other (Specify)	INJURY OCCUREI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to a live the second of	Pulmo 1 2 a	28. POTHER: 4 □ Nursing Hore URY M 1 □ treet, factory, office	LACE OF DEATH (CI	PERFO 1 YES : beck only one) 8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stelle	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to a contributing to death to a contributing to death to a contribution of the contri	petient 3 DOA 28b. Time (NJ) — At home, term, s	28. P OTHER: 4 □ Nursing Hor E OF 28c. IN WIRY M 1 □ treet, factory, officed at the time, date	LACE OF DEATH (CI	PERFO 1 YES : 1 YES : 1 YES : 2 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stele	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D Iral Route Number,
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions on the conditions of the co	ontributing to death to a contributing to death to a contributing to death to a contribution of the contri	petient 3 DOA 28b. Time (NJ) — At home, term, s	28. P OTHER: 4 □ Nursing Hor E OF 28c. IN WIRY M 1 □ treet, factory, officed at the time, date	LACE OF DEATH (CI	PERFOI 1 YES : theck only one) 5 Other (Specify) 26d. DESCRIBE HOW 261. LOCATION (Street City or Town, Stelle 5 to the cause(a) and ma	INJURY OCCUREI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to a contributing to death to a contributing to death to a contribution of the contri	petient 3 DOA 28b. Time (NJ) — At home, term, s	28. P OTHER: 4 □ Nursing Hor E OF 28c. IN WIRY M 1 □ treet, factory, officed at the time, date	LACE OF DEATH (CI	PERFOI 1 YES : theck only one) 5 Other (Specify) 26d. DESCRIBE HOW 261. LOCATION (Street City or Town, Stelle 5 to the cause(a) and ma	INJURY OCCUREI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D Iral Route Number,
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to a contributing to death to a contributing to death to a contribution of the contri	potient 3 DOA 28b. Time (NJ) 7 — At home, term, s riedge, death occurre on and/or investigation	26. P OTHER: 4 Nursing Hor LIRY M 1 treet, factory, offlied at the time, daten, in my opinion,	LACE OF DEATH (CI	PERFOI 1 YES : theck only one) 5 Other (Specify) 26d. DESCRIBE HOW 261. LOCATION (Street City or Town, Stelle 5 to the cause(a) and ma	INJURY OCCUREI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions	ontributing to death to a contributing to death to a contributing to death to a contribution of the contri	petient 3 DOA 28b. Time (IV) DOA 10 To At home, term, so riedge, death occurre on end/or investigation MD EATH (ITEM 27) (Type, 31 [26. P OTHER: 4 Nursing Hor LIRY M 1 treet, factory, offlied at the time, daten, in my opinion,	LACE OF DEATH (CI	PERFOI 1 YES : theck only one) 5 Other (Specify) 26d. DESCRIBE HOW 261. LOCATION (Street City or Town, Stelle 5 to the cause(a) and ma	INJURY OCCUREI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR		CI		ICATE O				REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY YEAR 12-8-92			YEAR	3. TIME OF DEATH 10:24 a					
Evelyn Francis S		Sims 6. AGE (In yrs. let	- A - B - C - A - A - A - A - A - A - A - A - A	I								
218-16-3656	1 M 2 F	75	YRS.	MONTHS DAY		MIN.	(Month.	7. DATE OF BIRTH (Month, Day, Year) 3-18-1917		Country	PLACE (State or Foreign	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCA	TION OF D	EATH		9c. COUNT	Y OF D	EATH	
Dennett Rd. Manor	NH			Oak]	land				Garr	ett		
10e. STATE 10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
Md. Garr	rett		Kitzmiller								1 X YES 2 NO	
10e. STREET AND NUMBER					10f. ZIP CO	DE 1538			10g. CITIZE		HAT COUNTRY?	
1300 Spring S	_	NT EVER IN U.S. AF	VER IN U.S. ARMED 13. WAS D			ECENDENT OF HISPANIC ORIGIN						
1 Never Married 2 Merried 3 Widowed 4 Divorced	1 ☐ YES 2 ☐ WAR OR DATES	YES 2 NO If yes, specify Cuben, Mexi					an, Puerto Rican, etc.) Bi			white, etc.		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S USUAL OCCUPAT			kina	16b.	16b. KIND OF BUSINESS/INDUSTR				
Elementary/Secondary (0-12) College (1-4 or 5+)		186s	. Do NOT u	ise retired.)	11000 01 1101	nor ng						
-8-			Н	ousewif	е		D	omest:	ic			
17. FATHER'S NAME (First, Middle, Last) Herbert Sims							Sharp	ddle, Malden S	Surname)			
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS (Stre	et and Numb	per or Rural	Route Numbe	or, City or Town	n, State, Zip (Code)		
Alonzo Sims			PΩ	Box 50)] F	Kitzm	iller	,Md.	2153	8		
20a. METHOD OF DISPOSITION 1 → Burlal 2 □ Cremation 3 □ Rer	20b. PLACI	and DAT	re of dispositing of other place)	ION (Name			DATE 20c. LOCATION — City or Town, State 12-11-92 Elk Garden W.Va					
1 Donation 5 Other (Specify)	ICENSEE	_ 100F	Cem		E AND ADDR		12-11	-192 I	EIK G	arde	en W.Va	
· Dand A.	Blisco	lack					ock F	11	Box		Md21538	
23. PART I. Enter the dieeeses, or				not enter the	mode of c	lying, suc	ch ae cardi				Approximate	
ahock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition	7										Onset and Deat	
resulting in death)	a. conges	tive hea	art f	ailure							2 days	
	athero	sclerot	ic ca	rdiova	scula	r dis	sease				years	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE T	O (OR AS A CONSE	OUENCE	OF):								
CAUSE (Disease or Injury that initiated events	C. DUE T	O (OR AS A CONSE	OUENCE (DF):								
resulting in deeth) LAST	d											
PART II. Other significant condition	na contributina t	n death but not	resulting	In the under	vina ceus	a alven Ir	Part I	24a. WAS AN	ALITOPSY	241	WERE AUTOPSY FINDINGS	
TATE III. GUILLE GUILLE		es mell:		in the dilder	ying cous	y given ii		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
							— [1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:			8 🗆 Other					
27. MANNER OF DEATH	280. DATE (F INJURY Day, Year)	28b. TII		INJURY AT		_		E HOW INJURY OCCURED			
1 V Natural 5 Pending 2 Accident Investigation	then then then then the			M 1	YES 2	2 NO						
3 Suicide e Could not be determined	28e. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm,	, atreet, fectory, o	office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN											e) end manner as stated.	
29b. SIGNATURE AND TITLE OF CENTURE	ER	_			29c. L	ICENSE NU	JMBER		29d. DATE	SIGNED	(Month, Day, Year)	
Welletila	und		D25759							-09-	09-92	
30. NAME AND ADDRESS OF PERSON W												
Walter K. Namman			FID 2	21320			-					
DEC 1 4 100	2 January	SHANDE C HA	1,00									

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

21. A. 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TICOISTICAL			SERIII	ICALE	E OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Lest) RUSSELL VERNON S							2. DATE O	DA		YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER								MBER 3	3 19	92	4:30 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1XXM 2 F		6. AGE (in yrs. last birthday)		FUNDER 1 YEAR IF UNDER 24 HRS		(Month,	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State of Country)			
	·6083 1XXM 2 □ F 60			RS.							WASHINGTON DC		
				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
VA MEDICAL CENTE	R. FORT H	LOWARD,	MD	FOR	RT H	OWARD			BALI	'IMOR	E		
VA MEDICAL CENTE RESIDENCE OF DECEDENT 100. STATE MARYLAND HA	r RFORD			VRE D							10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
100. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF W					
10e. STREET AND NUMBER 918 WARREN STREE 11. MARITAL STATUS 1 XXVever Married 2 Married	T					21078			U.S	.A.			
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. 1	WAS DEC	ENDENT OF HIS	PANIC ORIGIN?	(Specify Yes	or No-	14. RACE	— American Indian,		
3 Widowed 4 Divorced	Widowed 4 Divorced IF YES, GIVE WAR OR DA KOREAN CONF			R □ NO If yes, specify Cuban, Mexican, if street in the s					perto Rican, etc.) Black, White, etc. Specify: BLACK				
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16a.	DECEDENT'S (Give kind of	USUAL OC	CCUPATIO	ON set of working	16b. I	(INO OF BUS	INESS/IND	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	oe retired.) ORER		or or working		CONSTI	מווריתיזו	ON			
			LAD	JKEK				CONSTI	COCII	.UN			
17. FATHER'S NAME (First, Middle, Last) HERMAN SLADE						18. MOTHER'S ONA	NAME (First, Mic	ddle, Maiden S	Sumame)				
to augonium on the control													
CLINICAL RECORDS	CLINICAL RECORDS					MAILING ADDRESS (Street and Number or Rural Rout OO NORTH POINT ROAD,							
yete. METHOD OF DISPOSITION 1-1-1 Surial 2 □ Cremation 3 □ Ren	noval from State	20b. PLAC	E AND DATE	OF DISPOS	ITION (NE	me of	OATE	20c. LOC	CATION —				
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	200000	MD.	VETER	RANS	CEM	DEC.	11+92	CROV	NSVI	LLE,	MD.		
CHARLES E. H			V.6	7/1/		OF HIC					ARYLAND 214 REST DRIVE		
disease or condition resulting in death)		OR AS A CONS			MET	ASTASIS	TO UR	INARY	BLAD	DER	6 YEARS		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONS											
that initiated eventa resulting in death) LAST	d	(On AS A CONS	EOUENCE OF	r j:									
PART il. Other aignificant condition	ne contributing to	death but no	t reaulting	in the un	derlying	ceuse given	in Part i. 2	4a. WAS AN			WERE AUTOPSY FINDINGS		
SEIZURE DISORDER, HYPERTENSION							,	PERFORMED?			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
											I ☐ YES 2 XNO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pacifics	HOSPITAL:			OTHER	t:	ACE OF OEATH							
27. MANNER OF DEATH	1 X Inpatient 2 =		3 DOA	- T		e 5 🗆 Residenc							
1 🔀 Natural 5 🗌 Pending	(Month, D	ay, Year)		URY		RIC?	284. DEŞCI	RIBE HOW IN	JURY OCC	URED			
2 Accident Investigation 3 Suicide & Could get be	28e. PLACE O	28e. PLACE OF INJURY — At home, farm, at				M 1 YES 2 NO			281. LOCATION (Street and Number or Bural Route Number,				
	atc. (Specify)	in the man, taking all the					City or Town, State)						
4 Homicide determined													
U COORD HOLDS	ICIAN: To the beat of ER: On the beats of as	my knowledge, camination and/o	death occurre	nd at the ti	me, data pinion, d	and place, and d	us to the cause he time, data ar	e(a) and menr and place, and	or as state	d. ceuse(a)	and menner as stated.		
4 Homicide Getermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the beals of as	my knowledge, camination and/c	death occurre	n, in my op	me, data pinion, d	and place, and death occured at t	he time, data ar	e(a) and menr and place, and	due to the	ceuse(a)	and menner as stated. Wonth, Day, Year)		
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the beats of as	camination and/o	r Investigatio	n, In my of	me, data pinion, d	eath occured at t	he time, data ar	e(a) and menr and place, and	due to the	ceuse(a)	Month, Day, Year)		
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	R A A A A A A A A A A A A A A A A A A A	SE OF DEATH (1)	r Investigatio	n, In my op	pinion, d	29c. LICENSE N	he time, data ar	n(a) and menr and place, and	due to the	SIGNEO (Month, Day, Year)		

. 11-,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE REG. NO.	92	35843
die. Last)		2 DATE OF DEATH		A TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Myrtle A. Serv	riss				2. DATE MONTH	OF DEATH		YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	IF UNDER 24 HRS.	7. DATE	PLACE (State or Foreig					
487-03-8724 D	1 - M 2 X F 10		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Month	Day Year]	390	Country	ssouri
9a. FACILITY NAME (If not institution, give at	treet and number)		9b. CITY, TOWN O	R LOCATION OF D	EATN		9c. COUNT		
Chesapeake Manor	Extended Car	re Ctr.	Arnold	. MD			Anne	Arıı	ndel
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	Inc CITY	TOWN OR LOCATI					1	
HI	Arundel		napolis	ON .					10d. INSIDE CITY LIMITS? 1 M YES 2 NO
10e. STREET AND NUMBER	TIL COLOCI	All	-	ZIP CODE			10g. CITIZE		HAT COUNTRY?
2 Georgetown C	Court			21403				J.S.	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DECE	ENDENT OF NISPA	NIC ORIGIN	? (Specify Yes		4. RACE	- American Indian,
1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, OIVE WAR OR D	DATES		2 NO Specif		lican, etc.)		Specify	
ts. DECEDENT'S EDUC	CATION	Les occupants	101111 0001101101		147			100.1	White
(Specify only highest grade Elementary/Secondary (0-12)	completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mos retired.)	N it of working	166.	KIND OF BUS	BINESS/INDU:	STRY	
Elementary/secondary (0-12)	College (1-4 or 5+)	Homen				Hon	ne		
17. FATHER'S NAME (First, Middle, Last)		11011101	nanei	18. MOTNER'S NA	AME (First, N	fiddle, Malden	Sumame)	_	
Milton Burch				Marv					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an			er, City or Town	n, State, Zip C	ode)	
Grace B. Whitt	amore	2 Geor	rgetown	Ct. Anr	napol	is. M	2140	3	
20e. METHOD OF DISPOSITION 1 □ Buriel 2 A Cremation 3 □ Rame		b. PLACE AND DATE OF	F DISPOSITION (Nan	ne of	OATE	20c. LO	CATION — CI	ty or Tow	
4 Donation 5 Other (Specify)		7	Whi	te Chape	el .	Birm	ningha	m, N	Mich.
21. BIGNATURE OF FUNERAL SERVICE LIC	EMSEE /								
0-1 01	11 11		22. NAME AN	O ADDRESS OF FA	T T	aylor	Funer	al (Chapel
IMMEDIATE CAUSE (Final disease or condition	complications that cause List only one cause on e	each lina.	t enter the mod	fa of dying, aud	Glouc	ester lec or respi	St. A	nnar ıt,	Approximate interval Betw
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	a consequence of: A consequence of: A consequence of: A consequence of:	Hear Card	uke of (Glouc	ester lec or respi	St. A	nnar ıt,	Approximate interval Bety
shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	tenter the mod	uke of (fa of dying, auc	Flour Card Paul	ester lec or respi	St. A	nnar	Approximate interval Bety Onset and D
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	Lard De enter the mod	the of (Part I.	ester lec or respi Leve 24a. WAS AN PERFOR 1 YES 2	St. A	nnar	Approximate interval Betwoonset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS OF TO CONTRIBUTION	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	tha underlying	ceuse given in	Part i.	ester lec or respi Luvl 24a. WAS AN PERFOR 1 YES 2	St. A	nnar	Approximate interval Betwoonset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition	DUE TO (OR AS OF TO CONTRIBUTE OF TO CON	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	tha underlying the underlying 28. PLO OTHER OTHER	couse given in	Part i.	ester lec or respi Luvl 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	nnar	Approximate interval Betwoonset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	THE 28. PLJ OTHER: 40-Rursing Home OF 28c. INJUNEY WOR	couse given in	Part i.	ester lec or respi Luvl 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	nnar	Approximate interval Betwoonset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TWO 27. MANNER OF DEATH	DUE TO (OR AS OF TO CONTRIBUTE OF TO CON	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in patient 3 □ DOA □ 28b. Time (NJU) Y — At home, ferm, str.	the underlying The state of th	ceuse given in	Part i. a Other 286. DES	ester lec or respi Luvl 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	nnar	Approximate Interval Bety Onset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in patient 3 □ DOA □ 28b. TIME (H)JU Y — At home, term, str city)	tha underlying 28. PL OTHEB: 40 THEB: WOR M 1 YIII Treet, factory, office	ceuse given in ACE OF DEATH (Ch	Part i. Part i. 28d. DES to the caur	ester liec or respi 2	AUTOPSY MED? AUTOPSY MED? AND OCCUPANT OCCUPAN	24b.	Approximate interval Betwoons and Donest and
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in patient 3 □ DOA □ 28b. TIME (H)JU Y — At home, term, str city)	tha underlying tha underlying tha underlying tha underlying tha underlying 28. PL/ QTHEB: WOR 1	ceuse given in ACE OF DEATH (Ch	Part I. 28d. DES to the cause of time, date	ester liec or respi 2	AUTOPSY MED? AUTOPSY MED? Ond Number or other eastered did due to the distance of the state of	24b. 1	Approximate interval Betwoons and Donset and
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in patient 3 □ DOA □ 28b. TIME (H)JU Y — At home, term, str city)	tha underlying tha underlying tha underlying tha underlying tha underlying 28. PL/ QTHEB: WOR 1	couse given in ACE OF DEATH (Ch 5 G Residence JRY AT 1K7 ES 2 NO and place, end due with occurred at the	Part i. Part i. 28 Other 28f. LOCA City of	ester liec or respi 2	AUTOPSY MED? AUTOPSY MED? Ond Number or other eastered did due to the distance of the state of	24b. 1	Approximate interval Betw Onset and D Onse

-	1	1, 2, 3 shou	
IA		mit. Pages	
BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be signed.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crem	iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

_	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	F HEALTH AND OF DEATH	MENTAL HYGIEN	_	35	5844
	1. DECEDENT'S NAME (First, Middle, Last) Freeland	FREELAND Shorter	HALEN S	HORTE	ER	2. DATE OF DEATH	AY	YEAR 3	12:55 a.
	4. SOCIAL SECURITY NUMBER 212-18-6351 9a. FACILITY NAME (If not institution, give st	1 M 2 D F	(In yrs. last birthday)		YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/09/1915 MARYLAND			
DIRECTOR	Edw.W.McCready Memorial Hospital RESIDENCE OF DECEMENT So. CITY, TOWN OR LOCATION OF DEATH Crisfield Crisfield							nty of dea nerset	
	Maryland 106. COUNTY			Dd. INSIDE CITY LIMITS? YES 2 X NO					
RAI	100. STREET AND NUMBER RURAL ROUT	E		101. ZIP CODE 21672			S.A	AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 XNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes		NIC ORIGIN? (Specify Yer in, Puerto Rican, atc.)	- American Indian, White, etc. White		
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w	ork done during	PATION g most of working	16b. KIND OF BUS	SINESS/INO	USTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		FAR	MER	Control of the contro	AGRI		URE_	
ш	WILLIAM G. SI	HORTER				WE (First, Middle, Maiden V - ANDRI			
10 8		SISTER)	19b. MAILING	AODRESS (Str		Route Number, City or Tow		Code)	
-	MRS. GLADYS WE'	rzel	408	WALNU	T ST., D	ARBY, PA	. 19	9023	
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remo	oval from State 20b	PLACE AND DATE O	F DISPOSITION	N (Name of	OATE 20c. LO	CATION —	City or Town,	State
	4 Donation 5 Other (Specify)	ENSEE BY	ORCHEST	22. NAM	E AND AODRESS OF FA	8 HIGH ST	CREE!	T	
	23. PARP1. Enter the diseases, or c	omplications that caused	the death Do no			1 Home, Ca			
	23. PARP1. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or hasn't failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. Cauth Faferery Managed Affective Constitution of the cause of th								
CERTIFICATION	Sequentially list conditions, if any, leading to immadiata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Schapphicenia, Underfy, Chronic Practure, protectification of cause of Death? 1 yes 2 NO 246. WAS AN AUTOPSY PINONG AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								AILABLE PRIOR TO DMPLETION OF CAUSE DEATH?
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpettent 2 ER/Outpettent 3 OOA 4 Nursing Home 5 Realdence 8 Other (Specify) 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUR							
	3 Suicide s Could not be detarmined 28a. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28a. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my knowl : On the basis of exemination	edge, death occurred	st the time, o	late end place, end due	to the cause(e) and men time, data and place, and	ner as atete	d. cause(e) en	d menner as stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Belle	Shir	\	29c. LICENSE NUM	IBER	29d. DATE		onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO				Crioficla				
	Dr. Gregorio Bo 31. DATE FILED (Month, Day, Year) DEC 11 '92	32. REGISTRAT'S SIGNA			CITSTIETO	, Mu. 2101		<u> </u>	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENI
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPART	MENT OF	HEALTH AND N	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
Mary L. Sulliv	an				Dec. 4	1992	м
4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In yrs	,	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. BIR	THPLACE (State or Foreign
220-30-3665	□ M 2 K/F 92	YRS.	ONTHS DAYS	HOURS MIN.	Sept. 26.		Maryland
9a. FACILITY NAME (If not institution, give street a	and number)	10	9b. CITY, TOWN	OR LOCATION OF OE	ATH	9c. COUNTY OF	
Longview Nursing	Center		Mai	nchester		Car	roll
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
Maryland Balti	ma ha	1000 000 0	rings M				LIMITS?
10e. STREET AND NUMBER	morae	1 000		of, ZIP CODE		10a, CITIZEN O	F WHAT COUNTRY?
12635 Greenspring	Aug			21117		11	SA
11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U.S	. ARMED	13. WAS DE		HC ORIGIN? (Specify Yes		ACE — American Indian, ack, White, atc.
I Never Westing 5 Westing	FORCES? 1 YES 2			pecify Cuban, Maxica S 2 X NO Specify			ack, White, atc.
3 💢 Widowed 4 🗌 Divorced				A ,			White
15. DECEDENT'S EDUCATION (Specify only highest grade company)		. OECEOENT'S U	SUAL OCCUPAT ork done during in retired.)	ION lost of working	16b. KINO OF BUS	INESS/INDUSTRY	'
	ollege (1-4 or 5+)				1		
12		Hous	ewife				
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Surname)	
J. Morris Gardner		I		Mary			
190. INFORMANT'S NAME (Type/Print) Betty J. Ensor					Route Number, City or Town		
	205.01	ACE OF DISPOSE	GILLEVIS)	emetery, crematory or	· Uwengs	CATION CITY OF	Md. 21117 Town, Stata
20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal	from State oth	Druid R				esville	
4 Donation 6 Other (Specify)		vana k		AND ADDRESS OF FA	CHITY	_	
100) 10				11824		stown Rd.
C- Duan	· buell						wn. Md.21136
23. PART I. Enter the diseeses, or com- shock, or heart failure. List			ot enter the m	ode of dying, suc	h as cerdiec or reapi	ratory arrest,	Approximete Interval Between
IMMEDIATE CAUSE (Finel	0.00						Onaet and Deeth
disease or condition	Cort	7					204-1045
	OUE TO (OR AS A CO	NSEQUENCE OF)):				
Sequentially list conditions, b	OUE TO (OR AS A CO	NSEQUENCE OF	h•				
If any, leeding to immediate cause. Enter UNDERLYING	002 10 (011 10 1 00	NOLUGE OF					į
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	NSEQUENCE OF)):				
resulting in deeth) LAST							
PART II Other similians and lines	and other to death had		n Albania na albania		Beat Inc. ungan		AL MERE ALTONOV ENDINOS
PART II. Other algorificent conditions of		not resulting if	i the Underlyi	ng ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
13.1.4 MEZ.	mes; An	art.			1 _ YES 2	□ NO	OF DEATH?
					— 1		1 YES 2 DIO
25, WAS CASE REFERRED TO MEDICAL					1		
EXAMINER?	OSPITAL:		OTHER:	PLACE OF DEATH (Ch			
1 YES 2 NO 1 (☐ Inpatient 2 ☐ ER/Outpatie	26b. TIME		me 5 Rasidenca	8 ☐ Other (Specify) 28d. DESCRIBE HOW I	N.IIJBY OCCUBER	
1 Nettral 5 Pending	(Month, Day, Year)	INJU	JRY Y	YES 2 NO			
2 Accident investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	Al home, farm, st			28f. LOCATION (Street	and Number or Ru	ral Route Number,
4 Homicide 6 Could not be datermined	building, atc. (Specify)				City or Town, State)		
29a. CERTIFIER	N: To the best of my knowledg	a death serve	d at the time of	to and place and 4	to the entered and		
CONSCR OTHY	On the basis of examination an						se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	\			29c, LICENSE NU			
ESS. SIGNATIONE AND THEE WEST AND	2 mo			29c. LICENSE NO		29d. DATE SION	VED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH	(ITEM 27) (Type	Print)	0 431			10110
				Hamps	tead, Md.	21074	
Steven N. Shaffer 31. DATE FILED (MONTH), CPPY YOUR)	34. RECISTRAIL'S SIGNAT	PELOR	OL TAKE		ready mu.	210/7	-
31. DATE FILED (MOORTH), Oppy Year) DEC	Tona will about -	*					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

1 -	FOR STATE REGISTRAR
1 [ECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CERTIFI	CATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH KATHERI Elizabeth Spedden		2. DATE OF DEATH DAY	year 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	12 05	8. BIRTHPLACE (State or Foreign					
	220-26-4142 1□M2XF 84 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 09/22/190	Country)					
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE		c. COUNTY OF DEATH					
DIRECTOR	DORCHESTER GENERAL HOSPITAL	CAMBRIDGE		DORCHESTER					
IREC	10c. STATE 10b. COUNTY 10c. CITY MARYLAND DORCHESTER	TOWN OR LOCATION CAMBRIDGE		10d. INSIDE CITY LIMITS? X					
1.0	10s. STREET AND NUMBER	10f. ZIP CODE	100	1 ☐ YES 2 ☐ NO					
FUNERAL	2209 HUDSON ROAD	216]	.3	U.S.A					
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: WHITE/CAU						
	15. OECEDENT'S EDUCATION 180. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSINE						
	(Specify only highest grade completed) (Give kind of wife. Do NOT us. Elementary/Secondary (0-12) College (1-4 or 5+)	ork done during most of working retired.)	1341						
MP	7th FARMER	& HOUSEWIFE	AGRICUL	TURE & HOMEMAKER					
COMPLETED	17. FATHER'S NAME (First, Middle, List)		ME (First, Middle, Maiden Surr						
BE	HOWARD SHORT		E MAE HAR						
2		ADDRESS (Street and Number or Rural I BEAVER NECK \		telle, Zip Code) MD. 21613					
	1 X Burial 2 Cremation 3 Removal from State Concerns recommended and Co	PSEWARD CEM.	1 .	BRIDGE, MD.					
	21. SIGNATURIE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAI CURRAN FUND	ERAL HOME						
\dashv	23. PART I. Enter the diseases, or complications that caused the death. Do n	308 HIGH ST	C., CAMBRI	DGE, MD. 21613					
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final	ot enter the mode or dying, such	n ss cardiac or respirate	Approximata Interval Between Onset and Death					
	disease or condition resulting in death)								
Z	DIFE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially, list conditions, if any, leading to immediate cause. Enter UNDERLYING):							
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
EH	resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting it	n the underlying cause given in	Part i. 24a, WAS AN AUT	TOPSY 24b, WERE AUTOPSY FINDINGS					
DICAL	TO CVA with general del	ileLetri	PERFORMEI	D? AMAILABLE PRIOR TO COMPLETION OF CAUSE					
AED I	chronic Veretative	chahe	T TES 2 N	OF DEATH?					
PHYSICIAN: ME	Dark premoure								
CIA	25. WAS CASE REFEMED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
, Si	EXAMINER? 1 YES 2 NO 1 SPITAL: 1 Springetient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)						
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 29b. TIM (NJI	JRY WORK?	28d, DESCRIBE HOW INJU	RY OCCURED					
BY	2 Accident Investigation 28e PLACE OF INJURY At home form a	M 1 YES 2 NO	28f LOCATION (Street and	Abumbar or Bural Bouto Number					
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
PLE	29a. CERTIFIER (Check only (Ch	d at the time, data and place, and due	to the cause(s) and manner	ns stated.					
<u>N</u>	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation	n, in my opinion, death occured at the	time, data and place, and du	us to the cause(s) and manner as stated.					
w I	296. SIGNATUSE AND TITLE OF CERTIFIED	29c. LICENSE NUN	18ER 29	Pd. DATE SIGNED (Month, Day, Year)					
O B	admid / hurfeylan	10-28	207 1	12-5-92					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Dr. MacLaughlin, 10. Aurora Stre	Cambridge,	MD @1613	12-5-92 de rd 21613					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Panda	2.		12					
- 1	DFC - 8 '97								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

notified at

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	TO DE 07
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu	IMPORTANT: If
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed within 72
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	TO THE FUNERAL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6	TO THE HOSPITA

1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 17, TAVERNER, SR. 1992 Ernest W. 10:42 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Dec. 27, 578-01-4410 1 X M 2 - F DAYS 73 1918 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital DIRECTOR Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 706 Fairview Avenue 21701 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 M Married If yes, specify Cuban, Maxican, Puerlo Rican, etc.) BY 1 YES 2 NO Specify: Specify: White 3 Widowed 4 Divorced 1943 until 1946 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work | life. Do NOT use ret. Elementary/Secondary (0-12) College (14 or 5+) Accountant U. S. Covernment 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Surner Albertina Welty John Taverner BE 19a. INFORMANT'S NAME (Rype/Print)
Mrs. Charlotte S. Taverner 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
706 Fairview Avenue, Frederick, Maryland 21701 20a METHOD OF DISPOSITION
1 Depries 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Mount Clivet Cemetery 11/20/92 Frederick, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fichard C Keeney and Basford Funeral Home M00021 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Md. 2170 Approximate Interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition PULMONARY EMBOLII MULTIPLE 20. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE CONGESTIVE HEART FAILURE PERFORMED? 1 PYES 2 NO OF DEATH2 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specify) 1 Inpatient 2 FR/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) COMPLETED S Could not be 4 Homicide 29a. CERTIFIER

(Charle only 1 CERTIFYING PHYSICIAN: To the best of my wiadga, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On to in and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated. 29h. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D-31912 11/118 192 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Julio Menocal, M.D., Parkview Medical Center, Frederick, Md. 21701 52 REGISTRAR'S SIGNATURE NOV 1 8 1992

A STATE OF THE WAY STATE OF THE EV 50 05.14-50-574 W 19 19 19 19 19 Morane maigne . 100 district of the second of the ville maligned Li The state . - system with state a system of the state of The best Aurel L. Vend del. . 1972

- Adres er odg ---, a syther-edual regar resates, a. n. n.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TITYON (ART) WONTH DAY YEAR								3. TIME OF DEATH	1						
								Dec.	7,	199	2	8:44 P			
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	**	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF I (Month, De	BIRTH ny, Ybar)		8. BIRTH	IPLACE (State or Fore	ign
	188-22-2754		1 M 2 X F	64	YRS.		CAT S	HOOKS	mere.	Jan.	3, 1	1928		nsylvania	a
~	Be. FACILITY NAME (If not in					9b. CITY		OR LOCATI	ON OF D	EATH		9c. COU	NTY OF E	EATH	
FUNERAL DIRECTOR	Garrett County Memorial Hospital Oakland Garre										arre	tt			
Ä	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION	-					10d. INSIDE CITY	
ੋਂ	Maryland			0al	clan	d						1 YES 2 N	ю		
¥ I	10a. STREET AND NUMBER					10	. ZIP COD	E		16g. CITIZEN OF WHAT COUNTRY?					
틸	Rt. 5 Box	52305						2155	50		USA				
E	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES						If yes, sp	ENDENT Cook	n, Mexica	in, Puerto Rica	ipecify Yes n, atc.)	city Yes or No— 14. RACE — American Indian, Black, White, atc. Specify: 171			
84	3 Widowed 4 Divo	rced						. 25	Opadii	,			Spec	" White	
	15. DEC	EDENT'S EDUC highest grade	CATION completed)	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON set of world	27	16b, KIN	OF BU	SINESS/INI	DUSTRY		
91	Elementary/Secondary (0		College (1-4 or 5	+)	Do NOT u	se retired.)		or or worker	9						
MP	8			l l	lomer	naker				01	wn H	ome			
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)	0+-	1.						ME (First, Midd	le, Meiden				
BE	John		Sta	nek				1	ry				ches	sky	
2	19a. INFORMANT'S NAME (7) Clyde J. Tr					Box				Route Number, (.550	
	20a. METHOD OF DISPOSITION 1 Burlet 2 Commented 4 Donation 5 Other	n 3 🗆 Remo	oval from State	20b. PLACE A cametery, cre Umega	AND DATE	OF DISPOS	SITION (N				20c. LO	CATION -	City or To	rwn, State	
	21. SIGNATURE OF FUNERAL		ENSEE	Tomega	OLE	_		ND ADDRE	SS OF FA		PIO	rgan	LOWIL	, W. Va.	
	foli	134.0x	Dene	- MOO16	67			23042111				.0. H		.43 Id. 21550	
	23. PART i. Entar the di	seases, Dr C	omplications the	at caused tha da	ath. Do									Approximate	
	shock, or ha	art failure, l	List only one car	use on aach lina	•								,	Intarval Bet	ween
	IMMEDIATE CAUSE (Final disease or condition Acustro Trafondor MT														
1	a. Acute Inferior MI DUE TO (OR AS A CONSEQUENCE OF):										2 Hour	S			
,	Use and an along										Years				
ᅙᆘ	Sequentially list conditions, if any, leading to immediate b. Try per Letts 1011 Due TO (OR AS A CONSEQUENCE OF):									rears	_				
CERTIFICATION	t any, leading to immediate cause. Enter UNDERLYING C														
	that initiated events		DUE TO	(OR AS A CONSEC	DUENCE O	F):									
EH	resulting in death) LAS		I												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING											211100			
₹	Cigarette			idonym,	9 00000 1	J. VOII 111		PERFORMEO? AVAILA)			
MEDICAL	Organette	ADUSE,	dementi	ă						10	YES 2	NO		COMPLETION OF CAL OF DEATH?	/
							-			-				1 TYES 2 THO	
A I	25 WAS CASE DESERBED TO	MEDICAL													
ទ្ធ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
PHYSICIAN:	1 YES 2 NO		28a. DATE OF	ER/Outpatient 3					sidence	6 Other (Sp					
	_/	Pending	(Month, D		28b. TIM	JURY		RK7	7.00	28d. DEŞCRII	BE HOW I	NJURY OC	CURED		
à	2 Accident Investigation 1 Tes 2 NO														
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number. City or Town, State)														
7	29e. CERTIFIER 1 CERT	FYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurr	ed at the 1	lme, deta	end place	end due	to the causele) and mer	ner ee ste	ad.		
\ \ \) and menner as stat	led.
	29b. SIGNATURE AND TITLE							29c. LICE							
H H	Mar	4111	+ 1	Kin	. \	1	1		6650			29d, DAT		(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH ATEN	127) /7000	Print	//	DZ)(00)	,			12/8	192	
		/	er MD PO				MI) 21	550						
	31. DATE FILED (Month, Day, 1			IR'S SIGNATURE	Vak	rand	, PII	, 41	000						
	DEC -			existen A	AND										



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 - STATE

	TICOTO ITIALI			- CI	-1711		- Or	DEATH		HEG. NO.				
	1. DECEDENT'S NAME (First,					2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF DEATH								
	Giok Tin		Α.		Te					12/04/93	2	TEAN.	M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE			6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	HOURS MIN		DATE OF BIRTH (Month, Day, Year)		Counti		
	9e. FACILITY NAME (If not in	74		Oh CITY	70401	OR LOCATION OF		04/13/18	0. 001		ina			
œ									DEATH					
유 [Anne Aruno	GEDENT	dical Ce	nter		Ani	napo	IIS	Anne Arundel					
DIRECTOR	10e. STATE MD		y, town o			_				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	100. STREET AND NUMBER 749 Buckey			101	ZIP CODE 21					WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried If YES, GIVE WAR OR DATES						If yes, so	ecify Cuben, Mex	PANIC C	ORIGIN? (Specify Yea verto Rican, etc.)	or No—	14. RACI Black Speci	E — American Indian, k, White, atc.	
	3 Widowed 4 Divo	rced							17.1				Oriental	
Ĭ		EDENT'S EDUC highest grade		(G	CEDENT'S	vork done o	CCUPATIO	ON ast of working		16b. KIND OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	·)	Do NOT us	e retired.)								
₹	17. FATHER'S NAME (First, MI	(ciclin Lant)			Ret. School Teacher Education 16. MOTHER'S NAME (First, Middle, Melder Surpame)									
	- Marine - Davis								NAME		Sumame)			
BE	Ban Jim 19a. INFORMANT'S NAME (7)	Ang (pa/Print)	_ _	100	- MAILING	ADDRESS	2 /01	Kia	-/ D	Niu Number, City or Town	. 0	. 0 11		
2			a la						rai riouni				01100	
	Mrs. Glor			20b.PLACE	49 B		_			Millers		City or To		
	26a. METHOD OF DISPOSITI 1 □ Burlel 2 □ Crematio 4 □ Donailon 5 □ Other	n 3 🗆 Remo (Specify)	oval from Stale	cemetery, cre		ther place)		irre oi	1	2-8 Cator				
	21. SIGNATURE OF SUNBRAI	L SERVICE LIC	ENSES					D ADDRESS OF	FACILIT	TY 495 R	itch	ie H	WV.	
	> Val /	1.	15mm			Bar	cran	co Fune	ral				rk MD 21146	
RTIFICATION	shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events A consequence of the cause of the c													
	resulting in death) LAS		1											
MEDICAL	PART II. Other algnificent conditions contributing to deeth but not requiting in the underlying ceuse given in Part i. PERFORMED? PERFORMED? YES 2 X NO.								24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSPITAL: 26. PLACE OF DEATH (Check only one)														
2	1 YES 2 NO		HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHER		e 5 🗆 Residenc	ce 8 🗆	Other (Specify)				
27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO														
	3 Suicide 8	Could not be setermined	28e. PLACE O building,	FINJURY — At ho etc. (Specify)	me, farm, s	treet, fact	ory, offic	•	281	I. LOCATION (Street as City or Town, State)	nd Numbe	r or Rural F	loute Number,	
BE COMPLETED	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE :								he cause(s	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	SE OF DEATH (ITE	M 27) (Type,	Print)	F	OB	1	(29,	2	07	11	
	31. DATE FILED (Mort)	1 0 19	3922 91100	R'SIGNATURE	Agnote	90_								

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	
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ital or attending physician	d for use as the burial-transit permit. Pa	
ours after death. Page 6 may be retained by the hosp	In by the funeral director, page 5 should be detached or removal.	nedical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perity be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 Is marked, or Item 23 a

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN	_	5850	
1	1. DECEDENT'S NAME (First, Middle, Last) TOSEO 6	Tosick	TOS	SICK		2. DATE OF DEATH MONTH D. 12 0		3. TIME OF DEATH 2. 4 15 AM	
	220-01-8972	5. SEX		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/16/19	4	BIRTHPLACE (State or Foreign Country) DELAWARE	
TOR	9a. FACILITY NAME (If not institution, give atre DORCHESTER GEN) RESIDENCE OF DECEMENT							OF DEATH CHESTER	
DIRECTOR	10a. STATE 10b. COUNTY	a. STATE 10b. COUNTY 10c. CITY,						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
	10a. STREET AND NUMBER						10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	1.3 NANTICOKE ROAD 1. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 1.2 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES A			If yes, spe	21613 ENDENT OF HISPAN Inclination, Mexica 2 1 NO Specify	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: IHITE/CAUC.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	SUAL OCCUPATIO rk done during mos retired.)	at of working	16b. KIND OF BU	SINESS/INDUS	TRY			
OMP	17. FATHER'S NAME (First, Middle, Last)	4+	SELF-E	MPLOYE	18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)	AX	
BE	JOHN F. TOSI	CK SPOUSE)	10h MAII ING A	DODESS (Street or		CA (M.N.			
2	MRS. ANNA MAE	G. TOSICK	13 N	ANTICO	KE RD.,	CAMBRID	GE, M	D. 21613	
20g, METHOD OF DISPOSITION 1 (A Burlat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)							'ARY, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	rsee Komu	rell	CU		JNERAL HO		E, MD.21613	
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final	ist only one cause on each	h ilne.	t enter the mod	le of dying, sucl	h as cardiac or respi	ratory arrest	Approximate interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition pneumonia disease or condition disease or condition pneumonia disease or condition dis							2 days	
NO	Sequentially list conditions,								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C							
CERTI	resulting in death) LAST								
AL	PART II. Other significant conditions	contributing to death but	not resulting in	the underlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC	Chronic 1	Desilitati	Pay			1 YES 2	Haio	OF DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	hell rom		ACE OF DEATH (Che	ack only one)			
HYSI		1 Minpetient 2 ER/Outpati		☐ Nursing Home		6 Other (Specify) 28d. DESCRIBE HOW I	NUMBY OCCUR	ED.	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide determined	28s, PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	eet, factory, office		261. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Man Leg	لمر	29c. LICENSE NUMBER D-25207			29d. DATE SIGNED (Month, Day, Year) 12 -8 - 9 2		
2	30. NAME END ADDRESS OF BERGESTING	COMPLETED ONUSEDOF DEATH	H (ITEM 27) (Type, P.	Agrox	Street	Cambrid	gei,	MD/ 21613613	
	31. DATE FILED (Month, Day, Year) 32. RECUSTRAL SIGNATURE DEF 1 1 907 32. RECUSTRAL SIGNATURE Auna Day door - Randalle								

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rector,		mus
LINECIUM: And This certificate has been signed by the attending proportion and comprehend in by the juneral director, page 3 SP		Hom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif
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of mic	ation.	the
Dieto	hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	vent,
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1 - STATE REGISTRA	A	STATE OF MAR					EALTH AND I	MENT	TAL HYGIEN		32	3585	1
1. DECEDENT'S N	AME (First, Middle, Last) Willi	-Thomas	2000)					TE OF DEATH		YEAR	3. TIME OF DEA	TH PU
4. SOCIAL SECUE	ITY NUMBER	5. SEX 6.	AGE (In yrs. les		IF UNDER 1 Y	EAR AYS	IF UNDER 24 HRS.	7. DA (Mc	TE OF BIRTH onth, Day, Year)	9	8. BIRTH Count	IPLACE (State or Forty)	oreign
	D - 349/ NE (If not institution, give	1 M 2 F	96	YRS.			R LOCATION OF DE		-24- 18	96	M.	aryland	
		eterans Ho	ne				tte Hall				. Ma		
Charlo RESIDENCE 100. STATE Marylar	OF DECEDENT	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY	Y
	d St	. Mary's		Ch	arlot	te	Hall					LIMITS?	NO
	100. STREET AND NUMBER Charlotte Hall Veterans I					10f.	ZIP CODE 20622				J.S.A	WHAT COUNTRY?	
11, MARITAL STAT 1 Never Marrie 3 Widowed	d 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES WW I			If y	es, spe	ENDENT OF HISPAR ocity Cuban, Maxica 2 NO Specifi	n, Puer		or No-		E — American Indi k, White, etc. ily: White	
	15. DECEDENT'S EDI Specify only highest grad	JCATION			USUAL OCC			1	18b. KIND OF BU	SINESS/INI	DUSTRY	MIIILE	
	condary (0-12)	College (1-4 or 5+)	IIIo.	(Give kind of work done during most of working life. Do NOT use retired.) Custodian					Col	lege			
17. FATHER'S NAM	IE (First, Middle, Last)	m1					18. MOTHER'S NA		st, Middle, Maiden				
James	Bruce S NAME (Type/Print)	Thomps		MAILING	ADDRESS (S	imad n	Eleano		lumbar City or Tru		_	erton	_
	. Pilkert	on							nue, Ma			0609	
	DISPOSITION Cremation 3 - Ren 5 - Other (Specify)	noval from State	20b. PLACE other pli St. J	ece)			netery, crematory or			cation -		own, State aryland	
21. SIGNATURE O	chael F	Lard	i .		Ma	att:	ingley-G Box 270	ard					
	ock, or heert feilure. NUSE (Final adition	a. Registration at the calculation of the calculati		ues	/	e mod	de of dying, auc	ch en c	ardiec pr resp	iratory ar	rest,	Approxim Interval E Onset an	Between
Sequentially if if any, leading cause. Enter U CAUSE (Diseasthat initiated e resulting in de	to immediate INDERLYING se or injury vents	G	AS A CONSE										
0 4 0 0 1 0 1 1	significant condition	ns contributing to de	eth but not r	esuiting	in the unde	riving	cause given in	Dort I	. 24a, WAS AN	AITTOREV	1 24	D. WERE AUTOPSY F	EMPINOS
25. WAS CASE RE EXAMINER? 1 YE MANNER OF I									PERFO	RMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE RE	FERRED TO MEDICAL					28. PL	ACE OF DEATH (CA	heck only	y one)				
EXAMINER?	Z NO	HOSPITAL: 1 Inpatient 2 Ef	VOutpetient 3	□ DOA	OTHER:	g Hom	e 8 🗆 Residence	6 🗆 0	ther (Specify)				
	EATH 5 Pending Investigation	URY (bar)	28b. TIM INJ	URY	e. INJ WO	URY AT RK7 /ES 2 NO	28d.	DESCRIBE HOW	INJURY OC	CURED			
	6 Could not be	28e. PLACE OF IN building, atc.	IJURY — At ho (Specify)	me, ferm,	street, factory	, office			OCATION (Street City or Town, State		or or Rural	Route Number,	
one)		SICIAN: To the best of my										a) and manner as	stated.
	AND TITLE OF CERTIFIE	Mal 1		_			29c. LICENSE NU		45	29d. DA	TE SIGNE	(Month, Day, Year))
30. NAME AND A	11	Howard	(<				726	35	8	▶ N	loven	ber 29,	199
30. NAME AND A	OORESS OF PERSON W	HO COMPLETED CAUSE (OF DEATH (ITE	M 27) (Type	. Print)	_	-	0	1			- 4	

DHMH-18 Rev 1/89



31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Julia Pairdson-R

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF M					DEAT		MENTAI	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last,								2. DATE	OF DEATH	AY .	YEAR	3. TIME OF DEATH
	UNKNOWN 92-159								08	30		992	8:40 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	YRS.	IF UNDER MONTHS	DAYS	HOURS	24 HRS. MIN.		OF BIRTH , Day, Year)		8. BIRTH Country	PLACE (State or Foreign r)
~	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c, COL	INTY OF DI	EATH
0	800 BLK.S.MONROE			BAL	TIMO	RE C	ITY		_	l I	IA.		
DIRECTOR	10a. STATE 10b. COUNT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?			
	10s. STREET AND NUMBER				-	10	. ZIP CODE				10g. CI1	IZEN OF W	1 YES 2 NO
Y FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				- 1	if yes, sp	ENDENT Cooling Cube	n, Mexicar	n, Puerto F	? (Specify Yes	or No-	14. RACE Black Spech	— American Indian, , White, etc.
D S Widowad & Divorced							Black						
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	College (1-4 or 5+	(Gi	ECEDENT'S USUAL OCCUPATION Also kind of work done during most of working a. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
BE CON	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAI	ME (First, A	fiddle, Maiden	Surname)		
0	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	S (Street a	and Number	or Rural R	Poute Numb	er, City or Tow	n, State, Zi	p Code)	
	OCME 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Real 4 Donation 5 Other (Specify)		20b. PLACE A				ame of		DATE	20c. LO	CATION —	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE L	n state r	emoval d Wade,	Din	22.	NAME A	ND ADDRES	SS OF FAC	CHLITY				
	Janous /	Wille	12/	18/92		55W.	Balti	more	eSt,E	ate An Balto,	MD 2	1201	ard
shock, or heart failure. List only one cause on each line.							Approximate Interval Between Onset and Death						
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury but initiated exempts) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ָ בורק בורק	that initiated events resulting in death) LAST	d	ON AS A CONSEC	JOENCE O									
PHTSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to	death but not n	esuiting	In the un	iderlyin	g cause (iven in i	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL				-	28. PI	ACE OF D	EATH (Che	ick only on	»)			
ś	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	₹:				(Specify) I	1 MOC	DS	
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF (Month, Da		28b. TIM	E OF URY		RK?	140	28d. DE\$	CRIBE HOW I	NJURY OC	CURED	
ED 01	3 Sudalda	2 Accident investigation 3 Suicide a Could not be building, etc. (Specify)							TION (Street a	and Numbe	r or Rural R	oute Number,	
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of a											and manner as stated.
4	29b. SIGNATURE AND TITLE OF GERTIFIE		10	lund	/	_	29c. LICE	NSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUS	E OF DEATH (TEN	M 27) (Type,	Print)	()		M.E.				3–30–	
	31. DEC 22. 1992	F. 32, SEGISTRA	3.2- SCHOOLINE	7	111	PENN	ISTR	E)E)I	BALT	IMORE	MARY	LAND	21201

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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	Often Commenced Alleganders, married Schools for Andready of Commenced Schools in the Commenced Schools and Commenced Schools in the Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced Schools and Commenced School and Commenced Sc
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE O	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CARROLL RUSSELL	CARROLL RUSSELL WASTLER						3. TIME OF DEATH	
1	212-14-7191 1 1 2 □ F	AGE (In yrs. lest birthday) 8 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morth, Day, Yes July 24,	er)	Country	PLACE (State or Foreign yland	
TOR	9a. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital RESIDENCE OF DECEDENT		96. CITY, TOW Frede	or location of de	ATH		reder:		
DIRECTOR	10e. STATE 10b. COUNTY Maryland Frederick	20.0	nurmont				10d. INSIDE CITY UMITS? 1 YES 2 X NO		
FUNERAL	10. STREET AND NUMBER 12434 Creagerstown Rd.			101. ZIP CODE 21788		10g. CIT	A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEOENT E FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 NO	if yes,	ECENDENT OF NISPAN apacify Cuban, Mexican ES 2 1 NO Specify		or No- 14. RACE — American Indian, Black, White Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) N/A	16a. DECEDENT'S (Give kind of w life. Do NOT us) Electric	rork done during e retired.)	most of working	1071000	Employ			
0	17. FATHER'S NAME (First, Middle, Last)	piccoric	Lan a 1		ME (First, Middle, Ma		eu		
Russell Harbaugh Wastler Lula Krise							se		
임	Mabel L. Wastler (Wife)			rstown Rd			,	700	
	29a. METHOD OF DISPOSITION	20b. PLACE AND DATE O				LOCATION -			
1.4 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Creagerstown Cemetery 11/23 Thurmont, In									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-	22. NAME	AND ADDRESS OF FAC	CILITY				
	Walter The State of the State o	26	615 E	t E. Dail . Main St	., Thurm	ont, M	1D 217	788	
	I. Enter the diseases, or complications that c shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.		node of dying, such	n as cardiac or n	aspiratory ar	rest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF	7):						
CERTIF	that initiated events resulting in death) LAST d.	A CONSEQUENCE OF	···						
DICAL (PART II. Other algnificant conditions contributing to de	eth but not resulting i	n the underly	ing cause given in	Part I. 24s. WA	S AN AUTOPSY RFORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
ME	- Alzhemin,				1 YE	2 200		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Che	ck only one)				
Sic	1 VES 2 NO 1 Inpatient 2 E	VOutpatient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	a Cother (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending Accident Investigation		URY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE H	OO YRULNI WC	CURED		
	2 Cutation — 1 288, PLACE OF INJURY — At home form efreet factory office 1 281 LOCATION (Chart and Number of Death Number							oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examiners on the basic of examiners.							and manner as stated.	
TO BE	20h. SIGNATURE AND STILE OF CENTRIFIER			D-/3	97/	29d. DAT	TE SIGNED	(Month, Aay, Year)	
	30. NAME AND ADDRESS OF PERSON WHO POMPLETED CAUSE	OF DEATN (ITEM 27) (Type,	Print)					(
	1. DATE FILEO (MONITY, Day, Mar) NOV 2 5 1992 Julia Laurason-Randale.								

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	1 - STATE REGISTRAR		CE	RTIF	ICATE OF				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF			YEAR	3. TIME OF DEATH
	Mar	×	Wheeler						18,19		TEAR	5:15 P. w
	4. SOCIAL SECURITY NUMBER	5, SEX	B. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	ey, Ybar)		Country	PLACE (State or Foreign
	578-32-5484	1 M 2 TF	77	YRS.	wonths ont	HOUNS	min.	Oct.1		15	Mi	chigan
_	9a. FACILITY NAME (If not institution, give str	set end number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COUN	TY OF DE	ATH
6	Lorien Nursi	ng Home			Co	lumbi	a			H	lowar	d
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ION					T	10d. INSIDE CITY	
H	Maryland Howard					umbia	9					LIMITS?
7	10e. STREET AND NUMBER	aru		_		ZIP CODE				10a. CITIZ		HAT COUNTRY?
FUNERAL	6334 Cedar	Lane					044				US	
Ę	11. MARITAL STATUS 1 Never Married 2 Merried	T EVER IN U.S. ARI	MED O				IIC ORIGIN? (S		or No-	14. RACE Black.	- American Indian, White, etc.	
ВУ	3 Widowed QC Divorced	IF YES, GIVE W		1 TES 2 NO Specify:					Specify:			
	15. DECEDENT'S EDUC		16a, DEC	CEDENT'S	USUAL OCCUPATION	ON	_	16b. KI	ND OF BUS	INESS/IND		MIT CE
ET	(Specify only highest grade of Elementary/Secondary (8-12)	College (1-4 or 5 4	Alden .	ve kind at Do NOT u	work done during mo se retired.)	st of workin	9					
립		2		Hom	emaker				Own	home	9	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd		Surneme)		
BE (Myles W. S	tandish]	Mary	E. Si	mons			
70	19a, INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
-	Ann Wheeler Dav	is		37 W	767 Dea	n St	reet	, St.				
	20e. METHOD OF DISPOSITION 1	of disposition (New York Cremat	osition(Name of Pematorium, Inc. OATE 20c. LOCATION — City or Town, State Bethesda, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICE				22. NAME AI							
	De Olin L 1	Moleon	the.					swort			252	00000
	23. PART I. Enter the diseases, or co			ith. Do i	not enter the mo	de of dyl	1g.e	Rd., I	or reanir	cus,	MG.	Approximata
	shock, or heart fellure. L.	ist only one ceu	se on each line.		not ontor the mo	ac or ayı	ig, sac	II aa coronac	or reapir	atory arre	, , , , , , , , , , , , , , , , , , ,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	& NOIN	1111/110					12			Onset and Death	
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):								1			
z	s. Due TO (QR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate a. Due TO (QR AS A CONSEQUENCE OF): Due TO (QR AS A CONSEQUENCE OF): Due TO (QR AS A CONSEQUENCE OF):								Course			
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUETO	(OR AS A CONSEQ	UENCE Q	F):		14					
ই	CAUSE (Disease or injury											
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQ	UENCE Q	F):							
E	d.											
	PART II. Other eignificent conditions	contributing to	death but not re	sulting	in the underlyin	ceuse g	lven in	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS
2									PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
율								_ '	163 2	_ NO		OF DEATH? 1 YES 2 NO
≥ ;												1 163 2 100
Ž	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DE	ATH (Ch	eck anly one)				
PHYSICIAN: MEDICAL		HOSPITAL: 1 Inpatient 2	ER/Outpetient 3	□ DOA	OTHER: OCI Nursing Hom	e 5 🗆 Res	sidence	8 Other (S	pecify)			
	27. MANNER OF OEATH	28e. DATE OF (Month, D	INJURY av Year)	26b. TIN	E OF 28c. INJ			28d. DESCR		JURY OCC	UREO	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(10000000	oy, 100/	3.00		rES 2	NQ					
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At hore	ne, farm,	street, factory, offic	•		261. LOCATIO	ON (Street ar	nd Number	or Aural Ac	ute Number,
	4 Homicide determined							ony or .	om, otato)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, des	th occurr	ed at the time, date	end place,	end due	to the cause(s) end men	ner es state	d.	
S	one) 2 MEDICAL EXAMINER	On the besis of e	tamination end/or in	rveatigatio	on, in my opinion, d	eath occur	d at the	time, date en	d place, end	due to the	ceuse(s)	end menner ee atated.
	200. SHOVATURE AND THE O'CENTIFIED					29c. LiCE	NSE NUM			29d. DATE	SIGNEO (Month, Day, Year)
BE	10 0 Hoose					1)-	-31	4368		▶ No	ov.19	, 1992
임	30, NAME AND ADDRESS OF PEASON WHO	COMPLETEO CAUS	SE OF OEATH (ITEM			01						
	Steven H. I	Diener,	M.D.	345	9 St.Joh	n's	Lane	, Ell:	icott	City	y,Md.	
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		***				-	-		
	NOV 2 (1992	Auro Jo.	4 denn Rand	L. P.Z.								

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(R	A)
	-	Pages
		permit.
020	physician.	the funeral director, page 5 should be detached for use as the burial-transit permit.
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15	tend	35
12	7	USe
S	Teg	P
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BALTIMORE, MARYLAND 21215-002	tter death. Page 6 may be retained by the hospital or attending ph	phoonic
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).			
į	1. DECEDENT'S NAME (First, Middle, Last) JAMES COLMER	WERKING			2. DATE OF DEATH	W 15.9	3. TIME OF DEATH		
- 1			7 (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)		//		-1		
10	The Control of the Indiana	1 M 2 F		FUNDER 1 YEAR FUNDER 24 H ONTHS DAYS HOURS M	rs. 7. DATE OF BIRTH (Month, Day, Year) 7/3/1920	0	IRTHPLACE (State or Foreign ountry)		
_ 7	9a. FACILITY NAME (If not institution, give street	et and number)		b. CITY, TOWN OR LOCATION (OF DEATH	9c. COUNTY	OF DEATH		
DIRECTOR	Frederick Memoria		Frederick		Fred	erick			
Ä	10a. STATE 10b. COUNTY		19c, CITY,	TOWN OR LOCATION			10d. INSIDE CITY		
	MD. Free	derick	W	alkersville			TACKYES 2 NO		
FUNERAL	29 Maple Ave.			101. ZIP CODE 21793		USA	OF WHAT COUNTRY?		
5		2. WAS DECEDENT EVE	R IN U.S. ARMED		SPANIC ORIGIN? (Specify Ve		RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO R DATES	If yes, specify Cuban, M	exican, Puerto Rican, etc.) pecify:		Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S US (Give kind of wo	k done during most of working	16b. KIND OF BU	SINESS/INDUSTI	RY		
7		College (1-4 or 5+)	life. Do NOT use						
Ž	12 17. FATHER'S NAME (First, Middle, Last)		Sales r				ders Wholesale		
				18. MOTHER	S NAME (First, Middle, Maider				
B	Harvey H. Werking 19a. INFORMANT'S NAME (Type/Print)		405 444 310 4		Catherine		omas		
2	All the country of the same of			ODRESS (Street and Number or F					
	Gloria Werking			le Ave., Walk	ersville, Mo	1. 21/9	3		
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State	OATE 20c. LOCATION — City or Town, State 11-18-92 Frederick, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	Mt. Ulivet	22. NAME AND ADDRESS O	11-18-192 .	rederi	ck, Md.		
	Raymond (STAUFFER FUNERAL HOME, P.O. BOX 1819 Frederick, Md. 21702							
	23. PART I. Enter the disesses, or cor	mplications that cau	sed the death. Do not	enter the mode of dying,	such as cardiac or resp	piratory srrest,	Approximats		
	shock, or heert feilure. Lis IMMEDIATE CAUSE (Finsi	st only one cause or	n each ilne.			1,000	interval Between Onset and Death		
	disesse or condition	EXTENSIVE	STAGE SM	ALL CELL LU	NG CANCER		4 MONTHS		
	resulting in death) a.		S A CONSEQUENCE OF):				111001113		
z	Cognophish, list and distance b.								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):						
S	CAUSE (Disesse or Injury								
H	that initiated events resulting in desth) LAST	OUE TO (OR A	S A CONSEQUENCE OF):						
H	d.								
	PART II. Other significant conditions	contributing to deat	h but not resulting in	the underlying cause give			24b. WERE AUTOPSY FINDINGS		
EDICAL					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 TYES	2 De mo	OF DEATH?		
Σ							1 TES 2 (NO		
N.	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATI	f (Check only one)				
Sic		IOSPITAL:		THER: Nursing Home 5 Reside	nce 8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJUI (Month, Day, Yes	TY 285. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D		
BY F	1 Netural 5 Pending 2 Accident Investigation	(morni, cey, ree	(v) INJUE	WORK? M 1 YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJU	JRY — At home, ferm, str	et, factory, offica	28f. LOCATION (Street City or Town, State	and Number or Re	ural Route Number,		
	4 Homicide detarmined		4200.yy		City or lown, State	,			
7	29a. CERTIFIER Check only	N: To the best of my kr	nowledge, death occurred	et the time, date and place, and	due to the cause(a) and ma	nner as stated.			
COMPLETE				in my opinion, death occured a			use(a) and manner as stated,		
	29b. SIGNATURE AND TITLE OF CERTIFIER	P. O	11000	29c LICENSE	NUMBER	294 DATE SIG	MED (Month Day Year)		
TO BE		Sear ()	4 Olono	E mo D3	31761	► ///	15/92		
F	30. NAME AND ADDRESS OF PERSON WHO CO	SNOR MAD	SO/ WEST	SEVENTH S	T. FREDE,	uck,	MD 21701		
Î	296. SIGNATURE AND TITLE OF CERTIFIER SUBJECT OF CONSIDER OF DEATH (ITEM 27) (Type, Print) BRIAN M. O'CONNOR MD 501 WBST SEMBNTH SV. PREDERICK MD 21701 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 2 U 1992 year war war was proposed as the constant of the constan								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Dent of Health and Mental Houlene prior to health comparison or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF		DEPARTMENT				MENTAL	HYGIE	NE
	CE	ERTIFICATE	O	F DEAT	TH .		REG. N	10.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE		2 33000			
Į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
- 1	Irene El	izabeth	WHETS	ELL		Dec. 6.	1992	7:45 a. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
	236-32-7171	236-32-7171 1 1 M 2 K F 68 YRS. Oct									
CTOR	9a. FACILITY NAME (If not institution, give street and number) Garrett County Memorial Hospital Oakland Garret Garret										
뿐	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
ā		arrett		0aklan	d			1 YES 2 NO			
ĭ.ĕ.	104. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
單	Rt. 2 Box 5932				2155	50	U	SA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe		NIC ORIGIN? (Specify an, Puerto Rican, etc.) y:	Yes or No- 14	Black, White, etc. Specify:			
	15. DECEDENT'S EDUC	ATION	18a. DECEOENT'S USU	IAL OCCUPATIO		Las vivie of		White			
COMPLETED	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use ret	done durina mos	at of working	16b. KIND OF	BUSINESS/INDUS	SIRT			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew				Hama				
2	17. FATHER'S NAME (First, Middle, Last)		nousew	TILE	40 1407117010 111		Home				
Ö		non Pa				AME (First, Middle, Maid	_				
BE	William Jack 19a. INFORMANT'S NAME (Type/Print)	SOII BO	one		MArgai		Jane	Frame			
2		0				Route Number, City or 1					
	James E. Whetsell		PLACE AND DATE OF DI			and, Mary					
	1 X Buriel 2 Cremation 3 Remo	val from State 20b	maof emetery	ry 12/8 Oakland Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LICE										
	Franklin H.	Stewa 32 Sc	art Fune	ral Home ond Stree	t Oakl	and, MD 21550					
CERTIFICATION		Respirator	Provascula consequence on:	r acci	dent			Interval Between Onset and Death			
ERTI	resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions Parkinsons Disea			ne undarlying	causa given in	Part I. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
₹ I	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Ch	and and and					
100	EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:							
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF			8 Other (Specify)					
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	INJURY	WOF		28d. DESCRIBE HOV	V INJURY OCCUR	RED			
BY	2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF INJURY	— At home form street		ES 2 NO	204 1 00471011 (0					
E	4 Homicide 8 Could not be determined	building, atc. (Spec	281. LOCATION (Stree City or Town, Sta	et and Number or . te)	Hural Houte Number,						
COMPLETED		IAN: To the best of my knowl						ause(a) and manner as stated.			
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
	Janald X	KUM			D30035			2-06-92			
٥	30. NAME AND ADDRESS OF PERSON WHO							. 00 72			
	Donald R. Richter.	M.D. Rt#7 1	Box 1495 0	akland	, MD. 21	550					
5	31. DATE FILED (Month, Day, Year) DEC - 9 1992	32. REGISTRAR'S SIGN	ATURE								

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physic	y filled in by the funeral director, page 5 should be detached for use as the burial-tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	OF DEATH		3. TIME OF DEATH		
	Virginia Lo	uise Watts				12-	-5-92	YEA	1050		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE O	E BIRTH	0. BI	RTHPLACE (State or Foreign			
	267-01-3125	1 🗆 M 2 🙀 F	74 ^{YRS.}	MONTHS DAYS	HOURS MIN.		Day, Year) -22-18		unny) LSSOURI		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DE			COUNTY O			
DIRECTOR	1019 St. Charles	Drive		Annapol	is,			Anne A	Arundel		
딦	RESIDENCE OF DECEDENT										
E C	MD Anne Arundel Annapolis 106. CITY, TOWN OR LOCATION 106. 106. STREET AND NUMBER 106. CITIZEN OF WHAT										
7											
FUNERAL	1019 St. Charles MDrive 21401 U.S.A.										
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPAI			No- 14. R	ACE — American Indian,		
ВУ F	1 Never Married 2 Married 5 Widowed 4 Divorced	FORCES? 1 YES			cify Cuben, Mexica 2 TNO Specifi		can, etc.)	В	leck, White, etc. pecify:		
	42			<u> </u>	41				White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	CATION completed)	16a. DECEDENT'S U	ork done durina mo:	N of working	16b.	KIND OF BUSINE	SS/INDUSTR	Y		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use				190				
3	17. FATHER'S NAME (First, Middle, Last)		State On	fice Wo	18. MOTHER'S NA		come T		vision		
	Robert Earl	Delaney						45			
H	19a. INFORMANT'S NAME (Type/Print)	Detailey	19b. MAILING	ADDRESS (Street a	Alta Ma	Route Numbe	sendschi	on Zin Code			
임	Cheryl Fulton				Sewick1						
	20a. METHOD OF DISPOSITION		PLACEANDDATEO	F DISPOSITION (Na		DATE			Town, State		
	1) Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	OUI	netery, crematory or oth Len Haver		Y77	12/8	Glen	Burni	e. MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			D ADDRESS OF FA		, , , , , , , , , , , , , , , , , , , ,				
	>(L() ()	5		Parran	co Ermon	n I II	C	T	Park MD21146		
	23. PART I Enter the diseases, or	complications that cause	the death. Do no	ot enter the mo	de of dying, suc	h as cardi	ac or respirate	ery arrest.	Approximata		
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on e	ach line.					2392	Interval Between Onset and Death		
	disease or condition resulting in death)	. ACUTE MYOC	ARDIAI, IN	ISTERTOT	ENICV				0.000 0.00		
	resulting in death)		CONSEQUENCE OF		THYCI						
Z	Convention Not one distance	a ASCVD									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	:							
5	CAUSE (Disease or injury	C. DHE TO (OR AC.	COMPENSENCE								
Ē	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF								
E		d									
AL	PART II. Other significant condition	s contributing to death b	out not reaulting in	the underlying	cause given in	Part I.	24a. WAS AN AUT		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
	ARTHRITIS						1 YES 2 1		COMPLETION OF CAUSE OF DEATH?		
MEDIC						_	••		1 TES 2 NO		
ä								- 1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
YSI	1 YES 2 NO	1 - Inpatient 2 - ER/Outp			5 X Residence	8 🗆 Other	(Specify)				
표	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU	OF 28c, INJI	JRY AT RK?	28d. DE\$C	RIBE NOW INJU	RY OCCURED			
2 Accident Investigation M 1 YES 2 NO											
									rel Route Number,		
<u>=</u>	29a. CERTIFIER			_							
COMPLETED	(Check only 1 CERTIFYING PNYS	ICIAN: To the best of my know									
8		ER: On the basis of examinatio	n and/or investigation	, In my opinion, d	ath occured at the	time, date a	ind place, and du	e to the caus	se(s) and manner as stated,		
8	29b. SIGNATURE AND TITLE OF GERTIFIE	OCalas	nm I	entil	29c. LICENSE NUI	IBER	29	100	IED (Mogth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF THE	ATH (ITEM OT) (I	7120	D	060	54	10	46/72		
	11/1/1/1 An man	TOWN	ATH (ITEM 27) (Type, 1	P P	OB	20	99	20	71)		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	V		10.	//	0.0	/ /		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 1 0 1992 Julia Day doon—Randalle										

4. SOCIAL SECURITY NUMBER

216-01-4599

Se. FACILITY NAME (If not institution, give street and number)

5. SEX

1 📉 M 2 🗌 F

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (in yrs. lest birthdey)

81

YEAR

92

9c. COUNTY OF DEATH

3. TIME OF DEATH

14:05

MD 2190 Approximate Interval Betwe Onset and Death

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign Country)

North East, MD

REG. NO.

2. DATE OF DEATH MONTH 12

7. DATE OF BIRTH (Month, Day, Year)

7-12-1911

T			Pages
	DALLIMONE, MANTLAND ZIZIS-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
DIVISION OF VITAL BECODES DO BOX 52753	The state of the s	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages

2.3	стов	Union Hos	pital	of Cecil Co	unty	E	Elkton			Cecil	
ges 1.	REC	10a. STATE 10b. COUNTY				10c. CITY, TOY	VN OR LOCATION		10d, INSIDE CITY		
£.	□	Maryland	Ceci	1		North	East		1 TYPES 2 NO		
med	\¥	100. STREET AND NUMBER					10f. ZIP CODE		100	CITIZEN OF V	VHAT COUNTRY?
ransit	NER.	107 Wallac	e Ave				21901				States
the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo		12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	AMED NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rica	Specify Yes or N in, etc.)	rs or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
use as	윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
thed for u	APLET	Elementary/Secondary (0	ill. D. ALOY								(Edgewood)
be detach	COMPL	17. FATHER'S NAME (First, Middle, Last) Wilmer White 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Humphrey									
5 should notified) BE	19a. INFORMANT'S NAME (ype/Print)		19	b. MAILING ADDR	RESS (Street end Number or Rura			ite, Zip Code)	
e 5 s	2	Beatrice N	. Whi	te		107 Wal	lace Avenue,	North	East.	Marvla	nd 21901
ector, page must be		20a, METHOD OF DISPOSIT 1 N Burlal 2 Crematic 4 Donation 5 Other	n 3 🗌 Rem	ovel from State	20b. PLACE	AND DATE OF DIS	POSITION (Name of lethodist Cem	DATE	20c. LOCATIO	DN — City or To	wn State
al din		21. SIGNATURE OF FUNERA		CENSEE		I I I	22. NAME AND ADDRESS OF F	ACILITY		th Eas	L, FID
funeral di examiner		> Kale	#	T (lave	le		Crouch Funer				
ompletely filled in by the ill cremation, or remova event, the medical		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fellure.	List only one cause or	each ilne	outh. Do not er	127 South Ma nter the mode of dying, su	ch as cardiac	or respirator	orth Early arreat,	Approximate Interval Between Onset and Death
tending physician and c il Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
this certificate has been signed by the att with the State Dept. of Health and Menta rked, or Item 23 shows any Injury,	MEDICAL CE	PART II. Other significa	nt condition	es contributing to deat	but not i	resulting in the	underlying cause given in		e. WAS AN AUTO PERFORMED	?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Dept.	AN	25. WAS CASE REFERRED T	O MEDICAL				26. PLACE OF DEATH (C	back only one)			
State (SICI	EXAMINER?		HOSPITAL:	utpatient 3		TER: Nursing Home 5 ☐ Residence		and the		
fter this certification with the marked, or	PHY		Pending	28s. DATE OF INJUR (Month, Day, Yes	iY	28b. TIME OF INJURY	28c. INJURY AT WORK?		IBE HOW INJUR	Y OCCURED	
after d	ETED BY	3 Suicide 6	Investigation Could not ba determined	26s. PLACE OF INJU building, etc. (S	IRY — At ho Specify)	ome, farm, street,	factory, offica		ON (Street and Nown, State)	lumber or Rural F	noute Number,
7 17 =	COMPLE	one)					he time, data and place, and du) and manner as stated.
TO THE FUNERAL I be filed within 72 h IMPORTANT: If I	BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	uder.			29c. LICENSE NO.		290	DATE SIGNED	(Month, Day, Year)
	2	30. NAME AND ADDRESS O	PERSON WH	O COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, Print)					-
		DEC 08'9;		Julia Davidse		طعلانه					

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEI		2 35859			
DIRECTOR	221-03-9306 9a. FACILITY NAME (If not institution, give stre UNION HOS) RESIDENCE OF DECEDENT	S. SEX 6. AGE (In yrz. I) Out and number) PITAL	YRS. MON	CITY, TOWN O	IF UNDER 24 IMPS. HOURS MITH. R LOCATION OF DE	2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year) 3 - 3 - 3 -	9c. COUNTY	3. TIME OF DEATH 2 00 BIRTHPLACE (State or Foreign Country) Y OF DEATH			
BY FUNERAL DIRE	100. STREET AND NUMBER	12. WAS DECEDENT EVER IN U.S. FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES	CHE.	10f.	ZIP CODE 1915 ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	4.5	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? I. RACE — American Indian, Black, White, etc.			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	ompleted)	PECEDENT'S USU. Give kind of work in to Do NOT use ret.	done during mos	it of working	ME (First, Middle, Maide	AUR Surrame)	PANT			
TO BE	PAUL WASYLCZUK 19th. INFORMANT'S NAME (Type/Print) 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HES ATEAN 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HES ATEAN 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20th. MAILING ADDRESS (Street and Number) 20th. MAIL										
	23. PART L Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on each lin	ia.	enter tha mod	ESAPL	h as cardiac or resp	E173	TIMD			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):	-SW (-AR /	ACCIDE	≡NT_	-			
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death but not	resulting in th	e underlying	cause given in	Part i. 24s. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
B	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1	HOSPITAL: Inpatient 2 ER/Outpatient 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — At building, etc. (Specify)	3 DOA 4 D	HER: Nursing Home 28c. INJE WOLL M	JRY AT RK? ES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street	and Number or				
D BE COMPLETED		AN: To the best of my knowledge, of On the basis of examination and/o				time, date and place, a	inner as stated.				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH JIT	EM 27) (Sense Orien	2			, , ,				

ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randell

31. DATE FILEO (Month, Day, Year)

DFC 0 7°92

4	FOR
1 -	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CE		CATE					REG. NO.	_			
		1. DECEDENT'S NAME (First, Middle, Last)								MONTH	OF DEATH	. v	EAR 3.	TIME OF DEATH	
	1 8	JUNE SPRA	AGUE WILSO	ON						1	1/22/9	92		8:PM w	
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAY'S HOURS MIN.					24 HRS.	(Month	OF BIRTH , Day, Year)		Country)	ACE (State or Foreign			
should		217 09 2824 Sa. FACILITY NAME (If not institution, give :	1 M 2 F	73	YRS.						16-191			ryland	
3 sho	E											H			
2	5	RESIDENCE OF DECEDENT										l IIa			
No.	DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OR							100	d. INSIDE CITY LIMITS?	
ermit.		Maryland 100. STREET AND NUMBER	na			Balti	_	ZIP CODE	E			10a, CITIZE		T COUNTRY?	
AND 21215-0020 The hospital or attending physician, detached for use as the burial-transit permit.	FUNERAL	3601 Buckingham	Road					212	07				USA		
215-0020 attending physician. ise as the burial-tran	2	11. MARITAL STATUS	12. WAS DECEDENT EX								? (Specify Yes	or No- 14	. RACE -	CE - American Indian, ack, White, etc.	
21215-0020 al or attending physic for use as the burial	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		no	1 [Specify		ucari, etc.)		Specify:		
r15-		15. DECEDENT'S EDU	CATION	16a. DEC	EDENT'S	USUAL OCC	UPATIO	v		16b.	KIND OF BUS	SINESS/INDUS	TRY	WIIIce	
212 al or a for us	COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv life. i	e kind of a Do NOT us	vork done du e retired.)	ring most	t of workin	ng	100.00		memake			
AND 21 the hospital or detached for u	MPI	12											r		
YLAN by the hos be detach at once.		17. FATHER'S NAME (First, Middle, Last) John Sprague								WE (First, A	fiddle, Maiden - N	Sumame)			
	BE	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS (Street an				er, City or Town	o State 7in C	vda)		
	2	Cortney Wilson									MD 21		,,,,,		
BALTIMORE, er death. Page 6 may be the funeral director, page ral.		20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AI cemetery, crem			ON (Nan	ne of		DATE	20c. LO	CATION — CH	y or Town	State	
MO age 6 directs		4 Donation 5 Other (Specify)									tate A		n Dec	-	
ALTIM death. Page funeral dire		XX - 1 ////	//// Jonard	12//1							Balto,			ira	
2 2 2 2	-4	Sminimo	w												
e le le		28. PART I. Enter the diseases, or shock, or heart failure.	List only one cause	on each line.	ith. Do r	ot enter th	ne mod	e of dyl	ing, suct	as card	lac or respi	ratory arrea	t,	Approximate Interval Between	
24 Tille tion,	U	IMMEDIATE CAUSE (Final disease or condition	one	VMO	иìа									Onset and Death	
ted within 24 completely filled. cremation, is event, the		resulting in death)	DUE TO (OR	AS A CONSEQU	UENCE O	7:								IMEEK	
executed within and completely oburial, crema matic event,	N	Sequentially list conditions,	LUN	g Car	166									1 year	
or gran	ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR	R S A CONSEQU	UENCE O	ን:								,	
O. B. ertificate ing phys giene p	IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (DA	R AS A CONSECU	UENCE O	7):									
G the p	CERTIFICATION	resulting in death) LAST	d												
the death of the atte		PART II. Other significant condition	ns contributing to de	ath but not re	sulting	n the unde	erlying	cause (given in I	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS	
OH that than	DICAL									_	PERFOR	. /	CC	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
A Sign	ME									_				YES 2 NO	
F # # # #	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:			1	ick only on					
11 9 9 5	HYS	27. MANNER OF DEATH	1 Inpatient 2 ER		28b. TIM	4 Nursin	g Home 8c. INJU	_	sidence		(Specify) CRIBE HOW II	NJEIRY OCCUI	en.		
NG PHYS frer this ceath with marked		1 Natural 5 Pending Investigation	(Month, Day, 1	Year)	INJ	URY M	WOR	K? S 2	ND	2441.024					
O O A P S	D BY	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	NJURY — Al hom	ne, ferm, s	treet, factor	y, office				ATION (Street a or Town, State)		Rural Rout	e Number,	
VISI R ATTEN RECTOR: Ins after m 28 I	ETED	4 Homicide determined									, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
7 7 7 7	COMPLE		ICIAN: To the best of my												
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	Ö	2 MEDICAL EXAMINE	ER: On the basis of example	fination and/or in	veatigatio	n, In my opi	nion, de	eth occur	ed at the	time, date	and place, and	d due to the o	suse(s) a	nd manner as stated.	
THE P filed w	BE	296. SIGNATURE AND TITLE OF CERTIFIE	hal Va	in &	11	0		29c. LICE	ENSE NUM	BER		29d. DATE S	IGNED (M	grith, Dayy Year)	
223	2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE (OF DEATH (ITEM	27) (Type.	Print)	_		_			/	L /	11/7/	
		DR JOSEPH VINET		3738 Tu			Ave	enue	, Ba	ltimo	ore, M	D 2121	11		
di		DEC 181992	232. REGISTRAR'S					-							

92

3. TIME OF DEATH

2. DATE OF OEATH

		4. SOCIAL SECURITY NUMBER	5. SEX	AGE (In yrs. lest b	virthday) IF U	NDER 1 YEAR	F UNDER 24 HRS.	7. DATE	OF BIRTH		A BIRTHPI A	CE (State or Foreign	
		220-05-7422 D	1 D M 2 X F	79	YRS. MONT			(Mont	h, Day, Year)	13	(Country)	Le all ham	
pino		9a. FACILITY NAME (If not institution, gi			- Oh	CITY TOW	N OR LOCATION OF E	EATU	- 44	-	TY OF DEAT	Keck MD	
3 should	Œ	Meridian	Mursing	HOM	1 Q 1	1	Olata	LAITI		12 1	narl		
1. 2,	15	RESIDENCE OF DECEDENT		1101	10	<u></u>	rara				ucci (62	
7	DIRECTOR	10s. STATE 10b. COL	INTY	40	10c. CITY, TO	WN OR LO	CATION				100	I. INSIDE CITY	
Rt)		MARYLAND PRIM	NCE GEORGE		ACCOKI	EEK					- X	YES 2 NO	
עי	IAL.	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	EN OF WHAT	COUNTRY?	
and and	FUNERAL	P.O. BOX #30 LIV	VINGSTON ROA	AD			20607			UNII	TED ST	ATES	
burlal-trans	J.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	EVER IN U.S. ARME YES 2 7 NO	EO	13. WAS D	ECENDENT OF HISPA specify Cuban, Maxic	NIC ORIGI	N? (Specify Yes Ricen, etc.)	or No-	14. RACE — Black, W	American Indian, hita, etc.	
2 8	8	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAI				ES 2 NO Speci				BLACK		
as the		15. DECEDENT'S I	EDUCATION	16a, DECE	DENT'S USUA	AL OCCUPA	TION	161	. KIND OF BUS	INESC/INO			
for use	E	(Specify only highest g	College (1-4 or 5+)	(Give	kind of work of NOT use retir	lone during	most of working	100	. KIND OF BOS	integg/into	USIN1		
ped .	릴	7TH GRADE	NONE	DOM	ESTIC				PRIVAT	E			
detach	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	_		_			
2 %	BE C	JOHN HENRY WASH	INGTON				ANNIE I	ELIZA	BETH D	YSON	WASHI	NGTON	
5 should		19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADD	RESS (Street	et and Number or Rural	Route Num	ber, City or Town	, State, Zip	Code)		
e 5 s	2	THELMA FLORENCE		P.	O. BOZ	X #85	POMFRET	, MAR	YLAND	2067	75		
r. page		20a METHOD OF DISPOSITION 1 ABurtal 2 Cremation 3 F	lemovel from State	20b. PLACE AN	D DATE OF DIS	POSITION	(Name of	DAT	E 20c. LOC	CATION —	Otty or Town,	Stata	
lrector, p		4 Donation 5 Other (Specify)		°HARMON	Y MEM	TRIAL	PARK :	12/12	/92 LA	NDOVE	ER, MA	RYLAND	
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE TO	Chh	10-1	22. NAME	AND ADDRESS OF F	ACILITY					
eo -: 60		WDIA C. THO	ORNTON JOHN	SON	3470	THOR	NTON'S FU	JNERA	L HOME	, PON	ONKEY	, MARYLANI	
of in by the or removal.		23. PART i. Enter the diseases,	or complications that	aused the dast	h. Do not e	nter the r	mode of dyling, sur	ch ss can	diac or respir	ratory arre	est,	Approximate	
D & E		shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. — Office after a fine and a fine a											
>==		disesse or condition resulting in death)	- Off	Monat	u	00	Tenia	2-1	non	2		7-7401	
completely ial, cremati event, t		DUE TO (OR AS A CONSEQUENCE OF):											
nding physician and completely fille Hygiene prior to burial, cremation, or other traumatic event, the	z	acceptant treesman	- a A	-5CK	D -								
an ar	일	Sequentially list conditions, if sny, lesding to immediate	DUE TO (O	R AS A CONSEQUE	ENCE OF):				,				
hysic pric	2	CAUSE (Disease or Injury	c										
ygien ygien	E	that initiated events resulting in death) LAST	DOE 10 (0	R AS A CONSEQUE	ENCE OF):								
attending physician mal Hygiene prior ty, or other traur	CERTIFICATION		d				-1-0						
9 8 5	ایرا	PART II. Other significent conditions	tions contributing to de	eeth but not res	ulting in the	e underly	ing cause given in	Pert I.	24s. WAS AN			RE AUTOPSY FINDINGS	
s been signed by the pt. of Health and M. 3 shows any Inj	MEDICAL								PERFORI		COL	ILABLE PRIOR TO MPLETION OF CAUSE	
Heal Ows	핗											DEATH? YES 2 NO	
Dept. of 23 sh	2												
	SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only or	10)				
DIRECTOR: After this certificate hours after death with the State Item 26 is marked, or Item	PHYSICIAN:	1 TYES 2 NO	HOSPITAL:	R/Outpatient 3 🗆		HER: Nursing H	oma 5 🗆 Rasidence	6 🗆 Othe	r (Specify)				
is ce	표	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME OF		NJURY AT WORK?	28d. DES	SCRIBE HOW IN	JURY OCC	URED		
fter this ceath with marked,	à l	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO						
R: A ler de	ED	3 Suicide 6 Could not	building, at	NJURY — Af homa c. (Specify)	, farm, atroot,	fectory, of	fica	281. LOC City	ATION (Street as or Town, State)	nd Number	or Rural Route	Number,	
RECTOR In 3 after	E												
L DIRE	립		IYSICIAN: To the best of m										
FUNERAL WITHIN 72 H	COMPLET	one) 2 MEDICAL EXAM	INER: On the basis of exer	mination and/or inv	eatigation, in	my opinion	, death occured at the	time, deta	and place, and	dua to the	cause(s) and	d manner as atmod.	
HA WE	BE	296. SIGNATURE AND TITLE OF CERTI	FIER //	0/2) N	W.		29c. LICENSE NU			29d. DATE	SIGNEO (Mo	nth, Day, Year)	
TO THE FUNERA be filed within 7	TO B	- Jon	W ou				1002	97	5	>	12-6	5 92	
	F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 2	(Type, Print)							-	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAS	S SIGNATURE	not be								
	I 8	DECT O SE	7 60 000	- tabons . af.									

BALTIMORE, MARYLAND 21215-0020	24 hours efter death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-traintion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the bospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MEDICAL

PHYSICIAN:

BY

COMPLETED

2

CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Teresa Young 1992 9:18 December 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Mar. 30, 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-76-2627 1 M 2 TVF Maryland 6a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary's Hospital DIRECTOR Leonardtown St. Mary's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland St. Mary's Morganza 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 109 20660 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Mexican, Puarto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married ВУ IF YES, GIVE WAR OR DATES 1 TES 2 NO 3 🔯 Widowed 4 🗌 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 8 +) 8th Grade Housewife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Aquilla Thomas Cecelia 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia A. Payne 414 Birchleaf Ave., Capital Heights, Md. 20743 20a. METHOD OF DISPOSITION
1 Serial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Special 2 Cremation 3 L 4 Donation 5 Other (Specify) Joseph's s cemetery Morganza, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. Muchae P.O. Box 270, Leonardtown, Maryland 23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition of the Cerry resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorithment conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 WES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 A YES 2 NO 28. PLACE OF DEATH (Check only one) OTHER: 1 | Inpetient 2 | ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation M 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, tactory, offica building, etc. (Specify) 3 Suicide 8 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year) auch 12-10-92 1428 Ree 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William D. Boyd, II, M.D. Leonardtown, Maryland 20650 31. DATE FILED MONTH, Day, Year 92 320 REGISTRAR'S SIGNATURE INCLUDED SUMMER SAUGUSON MANGES

6 CDC

OHMH-18 Ray 1/89

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF N	/MARYLAND /	DEPAR	RTMENT	OF H	IEALTH DEAT	AND I	MENTA	L HYGIEN			000	
	1. DECEDENT'S NAME (First, Middle, Last) Alvine	Wilhelmi			manis				2. DATE	OF DEATH 2/06/		YEAR	3. TIME OF DEATH 7:20p M	
	4. SOCIAL SECURITY NUMBER 040-26-1057	5. SEX 1 M 2 M F	t birthday) YRS.	77.77	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/30/02			Lat	IPLACE (State or Foreign y) V1a		
TOR	so. FACILITY NAME (If not institution, give of Annapolis Conv. RESIDENCE OF DECEDENT	Ar	eath undel											
DIRECTOR	10c. STATE NO. COUNTY Anne Arundel 10c. CITY, TOWN OR LOCATION Annapolis												10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO	
FUNERAL	Annapolis Conv.	Center				101	. ZIP CODE	2140	3		VHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MED 10	11/1	res, sp	ecify Cuban	F HISPAN I, Mexica Specify	n, Puerto I	I? (Specify Ye Rican, etc.)	or No	14. RACE Black Speci	- American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKET 16e. KIND OF BUSINESS/INDUSTR													
	17. FATHER'S NAME (First, Middle, Last) Indrikis Ranke		nc	mema	Kel				ME (First, I	Middle, Malden	Surneme)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAJLING	AODRESS (Street e			Gulb Route Numi	LS ber, City or Tow	n, State, Zip (Code)		
F	Ms. Ilona Castro				kyway					napoli		MD	21401	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote A Donation 5 Other (Specify)		cemetery, cre.	matery or o	of disposition of their place)				OAT	Cochi	cation – c chuat			
	21. SHOHATURE OF FUNERAL SERVICE LIC	Ban	1				o Fur			495 Ri	tchie	Hw	y. k MD 21146	
Z	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cere	COR AS A CONSE	oce	for		de of dyir			liac or respi	iratory arre	at,	Approximate intervel Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	s contributing to	deeth but not n	esulting	In the unde	erlying	g cause gi	ven in	Part I.	24a, WAS AN PERFOR 1 YES 2	IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OE	ATH (Chi	rck only on	a)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:									
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF (Month, Da		28b. TIM	IE OF 28	Sc. INJI	URY AT RK?			CRIBE HOW I	NJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — Al horetc. (Specify)	me, ferm, :					281. LOC	ATION (Street a or Town, State)	and Number o	r Rural R	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK EXAMINE												end manner ee stated.	
B	200-SIGNATURE AND TITLE OF CONTINUE		5	>			29c LICEN						(Month, Pay, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	Hochn	ran	16	Ma	1)0	ic, t	Tue	# -	0021	Anna	- Co	fi mx 1	
	31. DATE FILEO (Month, Dey, Year) DEC 1 0 199	32. REGISTRAI	r's signature Davidson-A	Indall	2		1				7. 50 500	100	1110	

DEC 1 11 1892 gira Junesia Mariesa

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O.	
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	į	1. DECEDENT'S NAME (First SARAH D.		CTON		-				2. DATE OF MONTH	DAY		3. T	IME OF DEATH	
		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	DEC.	8, 199			E (State or Foreign	
		242-24-42	71	1 M 2 F	69	YRS.	MONTHS DAY		MIN.	(Month, Di	ny, Ybar)	(Country)		
3 should		Sa. FACILITY NAME (If not I		street and number)	1 07		9b. CITY, TO	MN OR LOCAT	TION OF DE	NOV.1		COUNTY		CAROLINA	
1, 2, 3 s	стоя	12305 BUSH	EY DRI	VE			SILVE	R SPRI	NG		M	ONTG	OMERY	7	
Pages 1	REC	10a, STATE	10b. COUNT	Υ		10c. CIT	TY, TOWN OR LO	DCATION					10d	INSIDE CITY	
₹. 2.	₫	MARYLAND		TGOMERY		SI	LVER SI	PRING					1 🗆	LIMITS? YE\$ 2 NO	
t permit.	3AL	10. STREET AND NUMBER						10f. ZIP CO	DE		10	g. CITIZEN	DF WHAT	COUNTRY?	
020 physician. burta-fransit	NER	12305 BUSHI	EY DRI	VE 12. WAS DECEDER				2090					SA		
9 8 8	BY FUN	1 Never Married 2 3 Widowed 4 Div		FORCES?	1 YES 2 WAR OR DATES	NO	If yes	n, specify Cub YES 2 NO	en, Mexica	n, Puerto Rica	Puerto Rican, etc.) Bis			merican Indian, ite, etc.	
215	ETED	15. DEC	CEDENT'S EDU	CATION completed)	16a, I	Che kind of	USUAL OCCUP	PATION	dan	16b. KII	ND OF BUSINE		WHITE		
Ø 8 73		Elementary/Secondary (College (1-4 or 5	+)	Ne. Do NOT u	ise retired.)								
N hospit	COMPL			2	COI	VFERE:	NCE COO			AS					
A St St II		17. FATHER'S NAME (First, A WALKER EU)		AUTC							le, Meiden Surr				
8 E E 20	BE	19a. INFORMANT'S NAME (AVIS		ISIS MAJI INC	G ADDRESS (Str		TRIC		WHITE		4-1		
W W	2	RICHARD C.		CTON (OLLY DE						*		
H SE A		20a. METHOD OF DISPOSIT	TION		20b. PLAC	EANDDATE	OF DISPOSITION	N (Name of		DATE	20c. LOCATI			State	
2. Y		4 Donation 5 Othe		loval from State	METRO	POLI	TANCRE	EMATOR	Y	12/9	ALEXA	NDRIA	A,VIF	RGINIA	
		21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			22. NAM	E AND ADDR	ESS OF FA	CILITY	FUNERA		-		
BALT er death. the funer val.	Į.	· /ino	thus	V. la	shell	1								D.20901	
d within 24 hours after ompletely filled in by the cremation, or removal event, the medical		23. PAIT I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear tighure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cause of the little of the													
P.O. BOX 687 th certificate be execute ending physician and cc I Hygiene prior to burian or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Cigautti Suchu 900 pur TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): d.												50 grs	
RECORDS, requires that the dear signed by the att of Health and Menta shows any Injury,	MEDICAL C	PART II. Other signification		ns contributing to			PERFORMED?					COM OF I	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO		
Sept a	AN	AT WHE OLDS DEFENDED I													
AN: The tifficate h state (Si	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			OTHER:	B. PLACE OF							
NG PHYSICIAN the that the the that the the that the that the that the that the that the that the that the the that the the that the the that the the that the the that the the that the the that the the that the the that the the the that the the the the the the the the the th	PHYSICIAN:	27. MANNER OF DEATH	Pending	1 Inpatient 2 2		28b, TIA	AE OF 28c.	INJURY AT WORK?		8 Other (S) 28d. DESCRI	BE HOW INJU	RY OCCURE	ED		
TTENDI TTENDI TTOR: A after da	TED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be datermined	28e. PLACE (building	OF INJURY — At I	nome, farm,					ON (Street and I own, State)	Number or R	Tural Route	Number,	
AL OR	COMPLET			ICIAN: To the best of									iuse(s) and	manner as stated.	
TO THE HOSPITE TO THE FUNERA De filed within 7	BEC	296 SIGNATURE AND TITLE	OF CERTIFIE	111				29c. LIC	ENSE NU	MBER	29	d. DATE SK	GNED (Mon	th, Day, Year)	
2 6 3 M	10 E	1 med	1	1//	4. /	40		Do	0770	72		12	19:10	72	
12		IRNEST S.			use of death (it 0301 GE)	, . , ,		E SILV	ER S	PRING.	MD. 20	902			
		31. DATE FILED (Month, Day, DEC 10 '9'		#32. REGISTR	AR'S SIGNATURE					,		, , , , ,			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 35864

DHMH-16 Rev 1/89

BALTIMORE MARY AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARY!		TMENT OF H		MENTAL HYGIE		
6	1. DECEDENT'S NAME (First, Middle, Last) REMZIYE AYK	REMZIYE			2. DATE OF DEATH	7992 ·YE	3. TIME OF DEATN
		(In yrs. last birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year). June 9,	011 75	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	OT May	9b. CITY. TOWN	OR LOCATION OF D		9c. COUNTY	irkey
<u>ا ج</u>	Suburban Hospital		1	hesda	20111	Montgo	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						
DIRECTOR	Maryland MOntgomery		v, town or loca ockville	TION			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	INC		f. ZIP CODE		10a CITIZEN	1 YES 2 NO
E	11410 Strand Dr. #112			20852			nent resident
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER				WIC ORIGIN? (Specify)	be or No 14.	RACE — American Indian,
B	1 Never Married 2 Married FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR I			2 ANO Spec	an, Puerto Rican, etc.) lly:		Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON pet of working	16b. KIND OF B	USINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		work done during mo se retired.) lousewif		70	wn home	
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maide	in Surname)	
BE	Ali Remzi			Belkis	Firdevs		
2	19a. INFORMANT'S NAME (Type/Print) Turgut Karabekir				Rockville		
	20e. METHOD OF DISPOSITION 20	b. PLACE AND DATE				OCATION — City	
	1 Ki Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	netery, crematory or o	Mem.Cem.	Nov.28,	92 011	ney, Mai	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		DeVo1	ND ADDRESS OF E	Home		
	Deirare O'Hara						.,D.C.20007
	23. PART i. Enter the diseases, or complications that cause shock, or heert failure. List only one ceuse on	d the deeth. Do reach line.	not enter the mo	ode of dying, su	ch as cardiac or res	piratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0	P. 1.	_			Onset and Death
	resulting in death) a. ucute	A CONSEQUENCE O	tailure				2-3 wk.1
Z	Sequentielly list conditions, if any, leading to immediate						2-3 wks
ATIC	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE O	F): LV.	(source	.)		7.5-6
임	CAUSE (Disease or Injury that initiated events DUE TO (OR AS	A CONSEQUENCE O	FI:	C-EVET	^		913
CERTIFICATION	resulting in death) LAST	th con	geofine	Lea	e) it fail	ure	
	PART II. Other significant conditions contributing to death				Part i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
OICA	pneumococcal pneumon	1a . co.	agulop	afley,	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI	chronic renal failure	- unine	any tra	et infe	ction,		1 TYES NO
	diabetes mellitus 50	nt					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ON NO HOSPITAL: 1 To Input lear 2 FROM		OTHER:	LACE OF DEATH (C			
PHYS	27. MANNER OF DEATH 28s. DATE OF INJURY	patient 3 DOA		ne 5 🗆 Residence	6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUR	FD
ВУ Р	Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		JURY WO	YES 2 NO			
	3 Suicide 8 Could not be 28e. PLACE OF INJUR	Y — At home, farm,	street, factory, offic	20	281. LOCATION (Stree City or Town, Stat	t and Number or R	tural Route Number,
=======================================	4 Homicide determined						
COMPLETE	29a. CERTIFIER (Check only) Check only one) 2 METMCAL EVAMINED. On the heat of my known one)						
_	2 MEDICAL EXAMINER: On the basis of examinate 29b. SIGNATURE AND TITLE OF CERTAFIER	on end/or investigatio	on, in my opinion, c				72
O BE	Jusem Ramol	MA		29c. LICENSE NU	7563		GNED (Morith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type 4743	Brad				se, MD 208/7
	DEC 03 92 Julia Davidson	NATURE RODGESS					

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

12

- 1	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY, OR YEAR 3. TIME OF DEATH														
John Emmons Abernathy, Sr. December 3, 1992												TEAR	1:20 A. M		
	4. social security nume 577–38–7000	BER	5, SEX 1 A M 2 F	6. AGE (In yrs. 76	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER HOURS	24 HRS. MRI.	7. DATE OF B (Month, Dec 9/20/	v. Year)		Count	e. BIRTHPLACE (State or Foreign Country) Pulaski, Tenn.	
_	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY, 1	OWN C	R LOCATI	ON OF DE	EATH		9c. COL	INTY OF C		
DIRECTOR	6418 Whit		Avenue			Temp	1e	Hi11	S			Pri	ince George's		
R	10a. STATE	10b. COUNT	ry		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland	Princ	<u>ce George</u>	s	Temple Hills									1X YES 2 NG	
FUNERAL	6418 White	Oak A	Avenue		101. ZIP CODE 20748							USA			
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	S. ARMED 13. WAS DECENDENT OF HISPANIC OR						pecify Yes		14. RAC	E — American Indian,	
B	1 Never Married 2 🖔 3 Widowed 4 Divo		IF YES, GIVE V	YES 2 WAR OR DATES	TWO.	1	YES	2 X NO	n, Mexica Specify	in, Puerto Ricer y:	, etc.)			eck, White, etc. pc/ly: hite	
밀	15. DEC (Specify only	EDENT'S EDI y highest grad	UCATION le completed)	16a.	DECEDENT'S	work done du se retired.)	UPATIC	ON st of workin	19	16b. KIN	D OF BUS	HNESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0)-12)	College (1-4 or 5	·) E1	ectro	nic E	ngi	neer		Fed	eral	Avi	atio	n Agency	
ő															
BE	Thomas Clayton Edna Johnson 19a. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
6															
	Mary Aberna		·-	T							W 15				
	1 Denation 5 Defiber	on 3 🗆 Ren (Specify)		cemetery.	crematory or o	of disposition of their place)			12/	5/92			id, M	own, State	
	21. SIGNATURE OF PONERA	L SERVICE L	ICENSEE /)		22 N	MF AN	D ADDRE	SS OF FA	CILITY FUR		-			
	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745													d.20745	
	23 PART I. Enter the di shock, or h	iseases, of eart failure.	complications the List only one cau	t caused the	death. Do	not enter t	ne mo	de of dy	ing, suc	h as cardiac	or respi	ratory a	rrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fir disease or condition		1/1			0	9		g ::				,	Onset and Death	
	resulting in death)	→	DUE TO	(OR AS A CONS	Cero	lei	Ca	10	lei2	220	ups	w a	ese	110	
z		-		100110011	resource o									İ	
CERTIFICATION	Sequentially list conditi if any, leading to imme	diste	DUE TO	(OR AS A CONS	SEQUENCE O	P):								1	
2	cause. Enter UNDERLY! CAUSE (Disease or inju		c. DUE TO	(OR AS A CONS	EOUENCE O										
F	that initiated events resulting in death) LAS	т [ton as a cons	EUDENCE O	*36								i	
	DATE II OR as alreading	_	d.			20 122011 000 1		ISSAURI ISSA							
EDICAL	PART II. Other significa	Li A	ns contributing to	death but no	t resulting	in the und	erlying	g cause (given in	Part I. 24a	PERFOR		34	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
Ē	Clar.	4 - 1	neusy	1.1.		7			_	- 15	YES 1	NO		OF DEATH?	
Σ	- A		nea	roce	ne		Z			-				1 □ YES 2 □ NO	
IAN	21. WAS CASE BOYERRED TO		mea	ugs	the	eve	26. PL	ACE OF D	EATH /DK	eck only one)	_	_	_		
Sic	1 THE 2 NO		HOSPITAL:	El/Outpatient	3 🗆 00A	OTHER:	and the second	e de auto	/	€ ☐ Other (Sp	nofici				
PHYSICIAN	27. MANNER OF DEATH	8 8	28s. DATE OF (Month, D		28b. TW		Bc. INJ	URY AT		26d. DESCRIE	-	NURY OC	CURED		
ВУ		Pending Investigation	passant to			м		res 2	NO						
8		Could not be determined	26e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, fector	y, affici			28f. LOCATION City or 3a		nd Numbe	r or Hund	Route Number,	
J.E.	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	my knowledge	death occur	ed at the tim	e, dete	and place	and due	to the owner's	and man	ner se st	rlad		
COMPLET														s) and manner sa stated.	
	296. SIGNATURE AND TITLE			p==-					ENSE NUA					(Month, Day, Year)	
O BE	alform	300	alle 1	mi				01.	281	19			1.	1992	
10	Alfonso	Z. Val	HO COMPLETES CAUS	SE OF DEATH (T	701 T	rafto	n T	r. 1.	argo	, Marv	land		7		
)	31. DATE FILEO (Month, Day, DEC 0	* 3 199	32. REGISTRA	AR'S SIGNATURE	-Pand	all									

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permit. Pages 1, 2, 3 should

burial-transit

use as the

page 5 should be detached for

director,

funeral

hospital or attending physician.

RYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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1 - STATE REGISTRAR CERTIFICATE OF DEATH 1, DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 DEC. Elizabeth Μ. Ashton 5:30 P. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS OHIO 309-16-0824 1 M 2 VF 70 Jan. 21 1922 9s. FACILITY HAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery General Hospital Montgomery Olney DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 15311 Pine Orchard Drive 20906 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, If yes, specify Cuban, Mexican, 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Wildowed 4XX Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Arthur Milton Sturdevant Helen Uhl McNitt BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 9 306 Proctors Hall Road, Sewanee, TN Caroline L Ashton 8 20a. METHOD OF DISPOSITION
1 Burial 2 Coremation 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Suburban Crematory of other place) 4 Donation 5 Other (Specify) 12–8|Silver Spring, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. leex N 933 Gist Avenue, Silver Spring, removal. MD 20910 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, systcian and completely filled in by prior to burial, cremation, or remo Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) JMMA-ABDUMINAL SEPSIS. (-10 DMS event, DUE TO (OR AS A CONSEQUENCE OF): 2 WRIKS. COHONIC ISCHEMIC NECROSIS + PERFORMENT. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate has been signed by the attending physician Dept. of Health and Mental Hyglene prior to 2 Wreks ISCHEMIA (MON OCCLUSIVE). . Enter UNDERLYING MESENTERIC CAUSE (Diseese or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events UNIZETERMINET resulting in death) LAST DISTASE. CARDIOUASCULAR ATTHEROSCERROTIC 6 Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part 1. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? DIMSTEL MEWINJ. amy 1 TES 2 X NO HYPRITENSIU.J. OF DEATH? shows 1 YES 2 NO DEPRECSION. BIPOLAR PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate I death with the State HOSPITAL:
1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls ETED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the c COMPLI TO THE HOSPITAL ITO THE FUNERAL ITO BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. MASTER 14. 29b. SIGNATURE AND TITLE OF CERTIFIER DIAZ MD 29c LICENSE NUMBER HI DIAZ MO 29d. DATE SIGNEO (Month, Day, Year) Arthur Schoengold, M.D. D 22049 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)/Type, Print) MARIOH. 31AZ MD OLNEY MD. 20832 18/11 PNINCE PHILIP Dr. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lika Davidan 997

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BALTIMORE MARYLAND 21215-0020 TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Park is may be a sensely the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral diversers. In the state that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Swaroop Sudhakar, M.D.,

32. REGISTRAR'S SIGNATURE

31. DATE FILED (MONTH, Day, Year)
DEC 04 92

	1 - STATE REGISTRAR		STATE OF N	IARYL					EALTH AND DEATH	MEI		G. NO.	E		
	1. DECEDENT'S NAME (First,	Middle, Last)									DATE OF D	EATH			3. TIME OF DEATH
	Ка	thleen	E. Amato)							ecembe	er 1		92	12:37 PM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs. lest	birthday)	IF UNDER	YEAR	IF UNDER 24 HRS.	7.1	DATE OF BI	RTH		8. BIRTI	HPLACE (State or Foreign
	218-80-3431		1 □ M 2 💢 F	7	9	YRS.	MONTHS	DAYS	HOURS MIN.		Month, Day.		913	Count	m) ginia
1 . 2	9a. FACILITY NAME (If not in		treet and number)				9b. CITY,	TOWN 0	R LOCATION OF I			,		NTY OF E	
DIRECTOR	Shady Grove		ntist Nu	rsin	д Но	me	I	Rock	ville				Мо	ntgo	omery
E C	10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN O	LOCAT	ION						10d. INSIDE CITY
듬	Maryland	Monto	omery			Olr	ev								LIMITS?
A P	10e. STREET AND NUMBER							101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	3226 Sparta	n Road	3						20832				Unit	ed !	States
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN	U.S. ARI	MED			ENDENT OF HISPA					14. RAC	E — American Indian.
	1 Never Married 2		FORCES? 1 IF YES, GIVE W			0			2 NO Spec		erto Rican,	etc.)		Spec	k, White, etc.
BY	3√√Widowed 4 □ Divo	reed	<u> </u>						-10						White
	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)				USUAL OC		IN st of working		16b. KIND	OF BUS	SINESS/IN	DUSTRY	
l iii	Elementary/Secondary (0	l-12)	College (1-4 or 5+)	ilfe.	Do NOT us	e retired.)		333		_				
COMPLETED	12				Hon	nemak	er					Hor			
8	17. FATHER'S NAME (First, M								18. MOTHER'S N	IAME (First, Middle,	Maiden	Sumame)		
8	Roscoe L.								Ocie F						
2	19a. INFORMANT'S NAME (7				19b	MAILING	ADDRESS	(Street a	nd Number or Rura	/ Route	Number, Ch	ly or Tow	n, State, Zij	p Code)	
-	Margo A. Cr				3	801	Mt.	Olne	ey Lane,	0.					
	20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b.	PLACE A	ND DATE	of DISPOSI	TION (Na	me of 12/3/9	2	DATE				
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		- Annual Company	A	rlin	igtor			1 Cemet			Arl	ingto	on. T	Virginia
	21. SIGNAL OF FOREIX	O -	ENSEE)				22. N	AME AN	D a plant	FACILIT	Rol	pert	A.	Pump	hrey Funeral
	Davie	JE.	· lesu	1.	MO	0803	Ro	ckv	ille, M	ary	land	20	850 -	2805	ntgomery Ave
	23. PART I. Enter the d	Iseases, or	complications that	aused	the dea	nth. Do r	ot anter	the mo	de of dying, su	ich as	cardiac o	or respi	ratory ar	rest,	Approximate
1 1	IMMEDIATE CAUSE (Fir		List only one cau	se on as	ich line.	•									Interval Between Onset and Death
1 1	disease or condition resulting in death)	→	Aspir	atio	n Pn	eumo	nia								
П	rosuning in death)					UENCE O									
z			Dysph	agia											
[월]	Sequentially list condition if any, leading to imme-	diate	DUE TO	DR AS A	CONSEQ	UENCE O	7):								
5	cause. Enter UNDERLY! CAUSE (Disease or inju		c. Demen	tia	with	Agi	tati	on							
#	that initiated events resulting in death) LAS					UENCE O	7):								
CERTIFICATION	resulting in death, EAS		d. Achal	asia											
	PART II. Other significa	nt condition	s contributing to	death be	ut not re	sulting	n the un	lerlying	cause given l	n Part	i. 24a.	WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
SAL	Ulcerativ											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED											יין ו	YES 2	K) NO		OF DEATH?
															1 YES 2 NO
¥	25. WAS CASE REFERRED TO	O MEDICAL						26 DI	ACE OF DEATH (C	hack o	nh one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO		HOSPITAL:	EB/Oute		_ no.	OTHER	:							
¥	27. MANNER OF DEATH	-	28e. DATE OF		MINORITY 3	28b. TIM		ng Home	5 Residence		Other (Spe		HIERY OC	CUREO	
		Pending	(Month, De		- 1	INJ	URY	WO	RK?	1	i. ocşonibi	L HOW I	NOUNT OC	CONED	
BY	2 Culaida	Investigation	28e. PLACE OF	F INJURY	— A1 hor	ne. ferm	dreet facto			281	LOCATION	/Street	and Mumba	e or Premi	Route Number
E		Could not be determined	building,	etc. (Speci	ify)						City or Tow				TOOL THE TOOL
LET	29e. CERTIFIER 1 50 CERT	TIEVING BHYS	CHAN To the heat of								1000		70 FY		
COMPL			CIAN: To the best of R: On the beals of ax												a) and manner as stated,
8							my of					neve, an			
8	296. SIGNATURE AND TITLE	OF CERTIFIE	abas	. A A3					29c. LICENSE NI						(Month, Day, Year)
2	30. NAME AND ADDRESS OF	an	OTCOMPLETED CALL	FOFDE	<u>ソ</u>	1 275 /7-	Dele-*		D35792				D	ecem	ber 1, 1992
. 1		CHOOK WILL	- DOMI'LE I EU GAUS	L UT UE/	son prieN	 41) (NDe. 	PTHIC)								

50 W. Edmonston Drive, #504, Rockville, Maryland

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CAROL J BROWN

4. SOCIAL SECURITY NUMBER

1 -

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		F UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE	OF BIRTH	8. BIRTI	HPLACE (State or Foreign	
-		215 58 6963	1 🗆 M 2 💢 F	53	YRS.	ONTHS DAYS	HOURS MIN.	09	13 39	Count	MD MD	
3 should		9a. FACILITY NAME (If not institution, give			9		OR LOCATION OF	DEATH		9c. COUNTY OF		
Ni Ni	TO H	FROSTBURG HOSPIT	AL			FROSTE	BURG			ALLEGA	NY	
P. P. B.	DIRECTOR	10e. STATEID 10b. COUNTY	legany		10c. CITY,	rostbu	rg				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
nait perm	FUNERAL	109. STREET AND NUMBER 10952 Green F	Now Road 1	N.W.		16	21532	WHAT COUNTRY?				
5-0020 oding physician is the burishin	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		MED	II yes, s	CENDENT OF HISI pecify Cuban, Max 8 2 10 Spe	Ican, Puerto F	? (Specify Yes o	r No.— 14. RAC Blac Spec	E — American Indian, k, White, etc.	
21215 For althon for use as	OE.	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)			BUAL OCCUPATI		16b.	KIND OF BUSIN	NESS/INDUSTRY		
ND 21	COMPLET	Elementary/Secondary (0-12) unknown	College (1-4 or 5	+)	enviromental services Hospital							
	BE CO	17. FATHER'S NAME (First, Middle, Lest) Bernard Sm:	ith			umame) S						
BALTIMORE, M. c. to continue to be executed within 24 hours after death. Page 6 may be removed hybrician and completely filled in by the funeral director, page 3 hybriden prior to burial, cremation, or removal. Thy other traumatic event, the medical examiner must be notified.	5	19a. INFORMANT'S NAME (Type/Print) Mr. Roy S. Br		19	10952	odress (Street 2 Green	and Number or Run ROW RO	ad N.V	er, City or Town, V. Fros	State, Zip Code) tburg, I	MD 21532	
		20e, WETHOD OF DISPOSITION 1 & Burtel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State			DISPOSITION (N	ial Parl	12-8		rostbur		
		21. SIGNATURE OF FUNERAL SERVICE L	THC	are	1.	22. NAME A SC Cu	arpelli mberland	Funer Funer	al Hom	е		
	CATION	23. PART I Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to Due to C.	COR AS A CONSECTION AS A CONSE	MOCADUENCE OF):	4201h	LINE			itory arreat,	Approximate interval Between Onset and Death	
ICORDS, F lires that the deat signed by the atte Health and Mental	MEDICAL CER	PART II. Other algorificant condition	d to	death but not r	esuiting in	tha underlyin	ng cause given	in Part I.	24e. WAS AN AL PERFORMI 1 YES 2	ED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Izw requast been Dept. of 23 sho	CIAN: M	25. WAS CASE REFERRED TO MEDICAL	I			28 D	LACE OF DEATH	Charl ask as			1 YES 2 NO	
OF VIT PHYSICIAN: This certificate with the State Ked, or item	BY PHYSIC	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation Investigation	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, D	INJURY		OTHER: Nursing Horo OF 28c. IN. Y	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other	MPLO	LMOKK	אינוש משונב	
DIVISION OR ATTENDING F DIRECTOR: After t hours after death	ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	FINJURY — At ho atc. (Specify)	me, farm, stre	et, lactory, offic	ce	281. LOCA City o	TION (Street and ir Town, State)	1 Number or Rural F	Route Number,	
DIV SPITAL OR A NERAL DIREC THIN 72 HOURS NT: If Item	1 1 5		ER: On the best of) and manner as stated.	
TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	augel	64 Roc	n.	mp.	29c. LICENSE N	1211	6	Ped. DATE SIGNED	(Month, Day, Year)	
2	TO	DR. ANGEL H. RO	QUE, M. E)., 48 T	ARN TE		FROSTBU	RG. M	RYL AND	21532	10-116	
		31. DATE FILEDINETICO 009 199	2 Girla Da	A'S SIGNATURE	dell							
_										-	DIMMI 40 D 40	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

35869

3. TIME OF DEATH

2:46 P

YEAR

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2. DATE OF DEATH DAY 12 04

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BALTIMORE, MARYLAND 21215-0020
us after death. Page 6 may be returned to the hospital or attending physician.
in by the funeral director, pages 20, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be mandered to mandered to the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagers, popula be attending physician and completely filled in by the funeral director, pagers, popula be attended		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART			MENTA	L HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH	1		
	WILLIAM EDWARD	BEAL				12	nh DA		EAR)	12:10PM	м		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH th, Day, Year)		BIRTHE	LACE (State or Fon	sign .		
	217-10-5058	1.X M 2 □ F 8	5 YRS.	ONTHS DAYS	HOURS MIN.		- 14 - 0 c	5	Country M.A.R	YLAND			
	Sa. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN C	R LOCATION OF D	EATH		9c. COUNTY	OF DE	ATH			
DIRECTOR	SACRED HEART HO	SPITAL		CUME	BERLAND			ALL	EGAI	VY.			
្ត្រ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		I soc CITY	TOWN OR LOCAT	TON.				d	10d. INSIDE CITY			
E	ARTERIOR CONTRACTOR CO	LEGANY		BERLA						LIMITS?			
	10e. STREET AND NUMBER		0 007		ZIP CODE			10a CITIZEN		1XXTES 2 P	10		
B.	905 FAYETTE ST	TREET			21502				S.A				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		RACE	— American Indias	0.		
4	1 Never Married 2 Married	FORCES? 1 YES		If yes, spe	ecify Cuban, Mexica 2 1 NO Specifi	an, Puerto			Black,	White, etc.			
) BY	3 💢 Widowed 4 🗌 Divorced				Inex III From				орчин	WHITE			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION 16 completed)	Ba. DECEDENT'S US (Give kind of wo	rk done durina ma	ON st of working	166	b. KIND OF BUS	INESS/INDUS	TRY				
LE I	Elementary/Secondary (0-12)	College (1-4 or 5+)	FOREMA	retired.)			CEL A NI	ESE C	ORF	ORATIO	N		
N.	17. FATHER'S NAME (First, Middle, Lest)		7 01(2)(1)	***					J 2(2	ORALIO	14		
	JOSEPH EDWARD	BEAL			18. MOTHER'S NA ELLA			Sumame)					
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING A	DODESS /Street o	nd Number or Rural			- C 7:- C-	el e l				
2	ROBERTA BARB				E ST.,					21502			
	20s. METHOD OF DISPOSITION	20b. Pl	ACEANDDATEOF	DISPOSITION /Na	me of	DAT	7F 20c LOC	CATION — CID	or Ton	en State			
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State cemete	ry, crematory or othe	BURTA	1 PARK	12-14	49 CU	MBERL	AN	D, MD			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	ZORZOZ	22. NAME AN	D ADDRESS OF FA	CILITY	74						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 21502												
	23 PART i Enter the diseases or	Amplications that award the	he death. Do not								_		
	snock, or neart milure.	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and/Death											
	disease or condition												
	resulting in death)	DUE TO (OR AS A CO	ONSEQUENCE OF):	Mars.	Λ					Min	25_		
z		· Cor	many P	stery	dereas	e				Vear	9		
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):	1						11			
2	CAUSE (Disease or injury	c	1.00										
<u>E</u>	that initiated events resulting in death) LAST	DUE TO (OH AS A CO	DHSEQUENCE OF):							1			
CERTIFICATION		d								1	_		
AL.	PART ii. Other significant condition	ns contributing to deeth but	not resulting in	the underlying	cause given in	Part I.	24a. WAS AN			WERE AUTOPSY FIN			
							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CA			
MEDIC										OF DEATH?	0		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only o	ne)						
, Si	1 VES 2 NO	1 Inpetient 2 SER/Outpetie		OTHER:	e 5 🗆 Residence	6 🗆 Oth	er (Specify)						
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (URY AT RK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED				
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO								
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, office		28f. LOC City	CATION (Street a or Town, State)	nd Number or	Rural Ro	ute Number,			
<u> </u>													
COMPLET	(Check only	SICIAN: To the best of my knowledg											
8		ER: On the basis of examination ar	nd/or Investigation,	In my opinion, de	eath occured at the	time, date	and place, and	due to the c	euse(s)	and manner as sta	red.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	" Ag who			29c. LICENSE NUI			29d. DATE S	GNED (Month, Day, Year)			
2	20 NAME AND ADDRESS OF BERN	1			13358	0		12	- [1	4/92			
	30. NAME AND ADDRESS OF PERSON WI									(
	S. GUPTA, M.D.	- 625 KENT	AVENUE,	симв	ERLAND,	MA.	RYLAN1	21.	502	?			
	31. DATE FILED (MOSE DEV. 191)4 19	92 Gulia Deviden	- Andres										

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	De filed within 72 hours after dearn with the State Dept. of Health and Merital Hyglene prior to burnal, cremain	IMPORTANT. It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, 1
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	REGISTRAR	CERTIFICA	TE OF DEA	TH F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) LESTER A BROWN			2. DATE OF MONTH	26-92	YEAR 3. TIME OF DEATH SIZ A M		
	252-01-4913 1×1×20F 90	O YRS. MONT		MIN. (Month, De 2 - / 3	BIRTH By. Year) 7-1902	8. BIRTHPLACE (State or Foreign Country) MARY AND		
TOR	98. FACILITY NAME (If not institution, give street and number) PINEVIEW MANOR EXTENDED CHRE RESIDENCE OF DECEDENT	CENTER 90.	Clinton	ON OF DEATH		TY OF DEATH LE GEORGE'S		
DIRECTOR	10a. STATE 10b. COUNTY Maryland Prince George's		ole Hills			10d. INSIDE CITY LIMITS? 1 YES 25 100		
FUNERAL	10e. STREET AND NUMBER 6411 Roberts Drive		10f. ZIP COO	48 - 4955		EN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	24₩0	13. WAS DECENDENT	OF HISPANIC ORIGIN? (S in, Mexican, Puerto Rice	specify Yes or No-	S. A. 14. RACE — American Indian, Black, White, etc. Specify: White		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	AL OCCUPATION lone during most of world ed.)	ng 16b, Kir	NO OF BUSINESS/INDU			
COMPLET	10	roduce Bi		HER'S NAME (First, Midd	P Food S	tore		
BE C	Arthur Brown 10c. INFORMANT'S NAME (Type/Print)	T	Id	a Carrick				
2	Barbara T. Shields	Rt. 5	RESS (Street and Number 30x 1151,	e, Virgin	ia 22485			
	1 (2) Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ACE AND DATE OF DIS ty, cremetory of other pi	emetery	11-28-92	Suitland	oty or Town, State 1, Maryland		
	21. SIGNATURE OF PROPERAL SERVICE LICENSEE		22. NAME AND ADDRE	110		Home, Inc., Clinton, Md.		
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) s	ONSEQUENCE OF):	luse	-		Approximets Interval Between Onset and Death ACCYS		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	SHU OF INSEQUENCE OF:	freste	r + 13	sones	Years		
T T	PART II. Other significant conditions contributing to death but	not resulting in the	underlying cause	given in Part i. 24	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
: MEDICAL	Congestive he	art fo	islece	11	YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 INO 1 Input lant 2 FR/Outpatient	_ 07	VER:	EATH (Check only one)				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		BE HOW INJURY OCCU	URED		
	2 Accident Investigation 3 Suicide 8 Could not be determined Suicide 28e. PLACE OF INJURY – building, atc. (Specify)	factory, office						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination en							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		カル	ISS 95	29d. DATE	SIGNED (Month, Day, Year)		
	30. NAMERAND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH HYO K. LEE/ILD. 11610	LOCUS	T Glen	DE M	Tefeu	VICE MO		
	DEC 0 3 1992 July Sundson-Mana	ASC.				20721		

hydral or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retuined to the TOTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF N		O / DEPAR					MENTA	REG. NO			
	1. DECEDENT'S NAME (First, M	25	H. B.	015	sea	U		Sr		2. DATE MONT	OF DEATH	DAY C	YEAR	3. TIME OF DEATH 12:30 AM
	4. SOCIAL SECURITY NUMBE 229 16 1787		5. SEX 1 🖾 M 2 🗌 F	6. AGE (In yrs. 71	: last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE (Mort OCT	of BIRTH h, Day, Year) 25	921	a. BIRTH	PLACE (State or Foreign ginia
5	9a. FACILITY NAME (If not inst 1507 Elwyn	Ave.	treet and number)				Crof	ton	ION OF D	EATH			TY OF DE	
DINECTOR		10b. COUNTY			10c. CIT	ry, town o							T	10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Anne	Arundel			Crof		. ZIP COD	E			I 10g. CITIZ	1 YES 2X NO	
LONEUAL	P.O. Box 33	53 150						211				Uni	ted	States
5	11. MARITAL STATUS 1 Never Married 2 X 3 Divorce 3 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	VEC 2	DINO.	1	t yes, sp	ENDENT (ecify Cube 2) NO	en, Mexica	n, Puerto ly:	f? (Specify Ye Rican, atc.)	e or No-	14. RACE Black, Specify	- American Indian, White, atc. White
	15. DECEI (Specify only i Elementary/Secondary (0-1	DENT'S EDUC highest grade	College (1-4 or 8		Give kind of life. Do NOT us	work done dise retired.)	during mo	ON ist of worki	ing		KIND OF BU			
	17. FATHER'S NAME (First, Mid	idle, Last)	4		Eng	ineer	D.O.D. U.S. Gover						rnment	
	Harvey Boisseau						Doris Meredith							
2	James H. Bo:							er or Rurel Route Number, City or Town, Stete, Zip Code) t Laurel Maryland 20723						
1	20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other place) Maryland Veterans Cemetery 12/8/92 Crownsvill											m, Stata		
	21. SIGNATURE OF FUNERAL ROUTE		CITON	n t	2000	22. I	eal.	1-Ev	ans	CILITY Fune:	ral Ho	me, P	.A.	and 20715
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other aignificent	t condition	a contributing to	death but no	ot resulting	in the un-	derlyin	g ceuse	given in	Part i.	24a. WAS AN PERFO			WERE AUTOPSY FINDING
									-		1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL: 1	4		OTHER		ACE OF D	EATH (Ch	eck only or	•)			
	1 YES NO		1 ☐ Inpatient 2 X	ER/Outpatient	3 DOA	4 🗆 Nurs	Ing Nom	URY AT	aldence	8 Othe	r (Specify)		TO ED	
	Natural 5 P	ending restigation	(Month, D			JURY M	WO	RK7] NO	40u. u	CHIDE NON	INJUNT OCC.	UNEU	
H.	3 Suicide 8 C	ould not ba etarmined	28a. PLACE O building,	F INJURY At atc. (Specify)	home, term,	street, facto	ry, offic	ry, office 281. LOCATION (Street and Number or Rural Route City or Town, State)				ute Number,		
			CIAN: To the best of											and manner as stated.
	296. SIGNATURE AND TITLE O	en	BUOR	c U	CD			295 LIC	LO3	MBER 4	+	29d, DATE	SINED?	Month, Say, Year)
	Peter R. Graze M.D. 900 Bestgate Rd. Annapolis Md.													
I	31. DATE FILED (Month, Day, Ye		32. REGISTRA	R'S SIGNATURE	E Rand	200								-
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i		1. DECEDENT'S NAME (First									MONTI	OF DEATH		YEAR	3. TIME OF DEATH
		Ben Beres									Nov.	29	199		5:10 PM ™
				5. SEX	6. AGE (In yrs. Is 70		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Montl	OF BIRTH 1, Day, Year)		6. BIRTH Count	IPLACE (State or Foreign ry)
9		482 14 300		1 M 2 D F		YRS.						e 8 19		Cana	
3 should	00	Sa. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH		
2	СТОВ	Prince Geo	rges E	lospital	Center		Che	verl	У				Pri	nce	Georges
les 1.	ш	10a. STATE	10b. COUNT	γ		10c, CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY
a.	E	Maryland	Prin	ce George	28	Box	vie								LIMITS?
E E	A	10e. STREET AND NUMBER				1 20	110	101	. ZIP CODI	E			10a, CITI	ZEN OF Y	WHAT COUNTRY?
physician. burial-transit permit. Pages		12308 Mill	stream	n Drive					207	715-1	1547				States
al-tra	FUN	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S. A	RMED	13. 1	WAS DEC				17 (Specify Yes			E — American Indian,
phy phy	BY F	1 Never Married 2			YES 2 WAR OR DATES	NO If yes, specify Cuben, Mexico 1 TYES 2 NO Specif					n, Puerto I /:			Spec	k, White, etc.
as the		3 Widowed 4 Divo		1	WWII					asent.		No			White
use a	ETED		EDENT'S EDU y highest grade		(1	ECEDENT'S Sive kind of	work done			ng	16b	KIND OF BU	SINESS/IND	USTRY	
ital o		Elementary/Secondary (6	1-12)	College (1-4 or 5	+)	Do NOT u			. n			** 0 *			
the hospital or attending physician detached for use as the burial-trai once.	COMP	9 Geneticist-Genetic Researth U.S.D.A. 17. FATHER'S NAME (First, Middle, Last)													
4 4 4 A	8	34													
pa l	12	Meyer Bereskin Malka Smehoff 190. INFORMANT'S NAME (TyperPrint) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)													
retained (2	CONTROL CONTROL OF		1										,	20715 1547
8		Ruth L. Bereskin 12308 Millstream Drive Bowie Maryland 20715-15 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 12/2/92 DATE 20c. LOCATION — City or Yown, State													
6 may betor. pu must		1 Donation 5 Other	n 3 KRem	oval from State	Siou	ematory or o	ther place)	done	nden 12	+ Fa	None	Sic			
e c		21. SIGNATURE OF FUNERA		CENSEE	J DIOU	A OIL			ID ADDRES			1 210	Jux C	ııy	Towa
death. Pag e funeral di s. examiner	1	Robert E. Evans. Pres. Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715													
the the towal.	\vdash	nowe		· CVW	ns, 1.	res	. 1	6000	Ann	apo1	is R	d. Bow	ie Ma	ary1	and 20715
SI L		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
		IMMEDIATE CAUSE (Final Onset and Death													
within appletely crematic		disease or condition resulting in death) a. Resulting in death) DUE TO (OR AS & CONSEQUENCE OF): Lever Pauline Due To (OR AS & CONSEQUENCE OF):											1 mm		
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ficate be en physician a ne prior to	¥	if any, leading to imme- cause. Enter UNDERLY	(OII AS A CONSC	Ma	marketed Hem					2/	2		mas		
Phy De P	띹	CAUSE (Disease or Inju- that initiated events	SEQUENCE OF): Strong trail Hemos by SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):												
	HIF	resulting in death) LAS	T	d	m	men Bound best					scor			un	
he death the atten Mental P	뜅	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
= 0 =	DICAL	PART II. Other significa				resulting	In the un	deriying	g cause g	given in	Part I.	24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
5 DE 5	ă		1//	skins	2005	H	esa	-2			_ [1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
equires en sign of Heath	₩.		/								_				1 _ YES 2 _ NO
OR ATTENDING PHYSICIAN: The law req DIRECTOR: After this certificate has been rours after death with the State Dept. of tem 28 is marked, or Item 23 she	PHYSICIAN:														
V: The cate h	S	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	ock only on	ne)			
CIAN: ertific the Si	X	1 YES 2 HO			ER/Outpatient	_	4 🗆 Nun	ling Hom	e 5 □ Re	sidence	8 🗆 Othe	r (Specify)			
NG PHYSI frer this c eath with marked,		27. MANNER OF DEATH	Pending	28a. DATE Of (Month, I	Pay, Year)	28b. TIM	JURY		RK?		28d. DES	CRIBE HOW I	NJURY OCC	URED	
After Seath	B A	2 Accident	Investigation	280 BLACE (NE IN HIRDY ALL				YES 2 [J NO					
			Could not be determined	building	OF INJURY - AI h , etc. (Specify)	ome, term,	street, fact	ory, offic	•		28t. LOC.	ATION (Street a or Town, State)	ind Number	or Rural I	Route Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	i i	29a. CERTIFIER							_						
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MPL	(Check only		CIAN: To the best o											
TO THE HOSPITAL TO THE FUNERAL I BE filed within 72 h IMPORTANT: If II	COM	4		On the basis of c	rammetion and/or	investigation	on, in my o	pinion, d	eath occur	ed at the	ilme, date	and place, an	d due to the	e cause(e) and manner as stated.
HE HE	8	296. SHAND TITUE	OF CEHTIPRE	M	1 -	no			29¢. LICE	ENSE NUN			29d, DATE	SIGNED	(Moretty, Day, Water)
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		31. DATE FILED (Month, Day,	HIMEC YOUR	111,10	وينون ر		UPER	IOR	MAN	٤	15	0	Dor	IE	111/2/15
		DEC 0	3 199	2 Julia	AR'S SIGNATURE Davidson	- Rando	22							/	
		DLUU	0 100	-10											
															DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTM CERTIFIC			IENTAL HYGIEN REG. NO.	E 9 6	3	5874													
	1 DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	TIME OF DEATH													
	CORINNE	А. В	USHONG			DECEMBER		VEAR	6:00 A M													
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC		UNBER 1 YEAR		7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign													
	215-09-6741	1 🗌 M 2 🔯 🗗	83 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Dev Wer) Dec. 25, 1	908	Mary	land													
	Se. FACILITY NAME (If not institution, give str	reet and number!	91	L CITY, TOWN	OR LOCATION OF DEA			TY OF DEA	ТН													
DIRECTOR	SHADY GROVE ADVEN	TIST HOSPI	TAL	ROCK	VILLE		MO	NTGO	MERY													
	10s. STATE 10s. COUNTY		10c. CITY, T	OWN OR LOCAT	TION			10	Dd. INSIDE CITY													
	MARYLAND MONT	GOMERY	KE	NSINGT	ON			1	YES 2 NO													
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?													
	5206 WHITE FLINT	DRIVE			20895		UNIT	ED ST	PATES													
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 V	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANK	C ORIGIN? (Specify Yes		14. RACE -	- American Indian, White, etc.													
2	1 Never Married 2 Married 3 W Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		ectly Cuben, Mexican, 2 NO Specify:		- 1	Specify:	winte, etc.													
				<u> </u>					WHITE													
ű	15. DECEDENT'S EDUC (Specify only highest grade of		18e. DECEDENT'S USI (Give kind of work	done during mo	ON set of working	16b. KIND OF BUS	INES\$/IND	USTRY														
ا 5	Elementary/Secondary (0-12) College (1-4 or 5 +)																					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 SUPERVISOR 16. KIND OF BUSINESS/INDUSTRY BENDIX CORPORATION 18. MOTHER'S NAME (First, Middle, Last)																						
3																						
Walter A. Howe Corinne I. Goodridge																						
5	19a, INFORMANT'S NAME (Type/Print)					oute Number, City or Town																
	CHARLES E. BUTLER		5206 WH	ITE FL	INT DRIVE	, KENSING	TON,	MARYI	AND 20895													
20s. METHOD OF DISPOSITION 1X Burlau 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00831 20b. PLACE AND DATE DF DISPOSITION (Name of cremation) DATE 20c. LOCATION — City or Town, State 20c. LOCATION — Ci																						
												Tarbara & McMuller awrence ROCKVILLE, INC. 300 WEST MONTGOMERY AVENUE, ROCKVILLE, MARYLAND 20850-2805										
											┪	23. PART I. Enter the diseases, or co	omolications that cau	sed the death. Do not	enter the mo	de of dwing such	LLE, MARY	LAND	2085	0-2805		
- 1	shock, or heart failure. L	.ist only one cause Dr	n each line.	onter the mo	A A	as cardiac or respi	ratory arr	est,	Approximate interval Between													
- 1	IMMEDIATE CAUSE (Final disease or condition	P 10	0 10 1	~A. 1	Λ	4			Onset and Death													
ı	resulting in death)		DIKALL	JEY	Trul	ES(IMMEDIAR													
		DUE TO JOR 4	A CONSEQUENCE OF):	0.00	office 1				2400													
ξ I	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE OF	YR	4103			21103														
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FICALIC	CAUSE (Disease or Injury	DUE TO (OR A	A CONSEQUENCE OF	DERT	ENSI	JN			34R8													
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CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	PORTA REMA	the FAT	LUK	ENSI	JN			3 yrs													
ا پ	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	REM	the FAT	LU Y	ENS L(Port I. 24s. WAS AN			ERE AUTOPSY FINDINGS													
ا پ	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		the FAT	LU K	ENS LO	PERFOR	MED?	0	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE													
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543.65

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH		
	JAMES COCKRELLE	BASSFORD				DECEMBER 8		2:10 AM		
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	HRTHPLACE (State or Foreign		
	213-38-3770	1 M 2 F	88 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		A DOZZE A BEED		
	9e. FACILITY NAME (If not institution, give s	- 44	00	NOV. 25, 1904 MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH						
œ				1991						
2	CARRIAGE HILL NU	RSING CENT	ER	SIL	VER SPRIN	IG	MONT	GOMERY		
DIRECTOR	10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY		
E	MARYLAND MON	TGOMERY		CTME	CDDTMG			LIMITS?		
	10e STREET AND NUMBER	IGOMENI		-	R SPRING		10a, CITIZEN	OF WHAT COUNTRY?		
RA	10/00 POWAT MON ME	DD I OF								
FUNERAL	10408 ROYALTON TE	12. WAS DECEDENT EV	ED IN U.S. ADMED	40 400 00	2090	NIC ORIGIN? (Specify Yes	No. 40	HSA RACE — American Indian,		
교	1 Never Married 2 M Married	FORCES? 1 X		If yes, s	pecify Cuben, Mexico	n, Puerto Ricen, atc.)		Black, White, etc.		
BY	3 Widowed 4 Divorced	1942-64		1 TYE	S 2 X NO Specif	y:		Specify: WHITE		
	15. DECEDENT'S EDU			USUAL OCCUPAT	ION	16b, KIND OF BUS				
	(Specify only highest grade	completed)	(Give kind of Me. Do NOT u	work done during n	ost of working					
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	ECONOMI	CTP.		DEDM	OF M	A T777		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7	ECONOMI	21	I se MOTHERIO N	ME (First, Middle, Maiden	OF N	4 V Y		
	WILLIAM E. BASFO	D.D.								
BE	19e. INFORMANT'S NAME (Type/Print)	KD .	The Design		ELLA	COCKREL				
2						Route Number, City or Tow		20901		
	BEVERLY D. BASSFO	RD (WI				E SILVER				
	20a, METHOD OF DISPOSITION 1	oval from State	20b. PLACE OF DISPO other place)	SITION (Name of c	emetery, crematory or	20c. LO	CATION — City	or Town, State		
	4 Donation 6 Other (Specify)		ARLINGTON				INGTON	VIRGINIA		
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE		FRAN	CIS J. CC	LLINS FUNE	RAL HO	ME. INC.		
	· limith	ud la	untill	500 1	UNIVERSIT	Y BLVD.,W.	SIL.S	PR.,MD.20901		
	23. PART I. Enter the diseases, of									
	ahock, or heart fellure	List only one cause	on each line.					Interval Batween Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	0 1/0		1000	GAIL	116		405		
	reaulting in death)	DUE TO (OR	AS A CONSEQUENCE O	7-/17-7 0FI:	7 /41	are		713		
_		DUE TO (OR DUE TO (OR DUE TO (OR	4 410.0	216 -	6 Arch			YRS		
CERTIFICATION	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE	OF):	- Noc					
AT	If any, leeding to immediate cause. Enter UNDERLYING		,							
FIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE O	DF):						
E	resulting in deeth) LAST									
CE		d						1		
AL	PART II. Other algnificant condition					PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
EDICAL	RHEUMATOID A	RTORITIS	CACHE	KIA A	WEMIA	1 YES 2		COMPLETION OF CAUSE OF DEATH?		
				1			/ -	1 YES 2 NO		
4: 1	100									
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (C	heck only one)				
PHYSICIAN: M	EXAMINER?	HOSPITAL:	NOutpatient 3 DOA	OTHER:	me 5 Residence	6 Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJ	JURY 26b, TII	ME OF 28c. II	NJURY AT	28d, DESCRIBE HOW	NJURY OCCUR	ED		
	1 Natural 6 Pending	(Month, Day, 1	rear) IN		YES 2 NO					
BY	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF IN	IJURY — At home, ferm,	atreet, factory, of	lca	261, LOCATION (Street		Rural Route Number,		
COMPLETED	4 Homicide 6 Could not be	building, atc.	(Specify)			City or Town, State,				
4	290. CERTIFIER									
MP	(Check only					a to the cause(a) and me				
Ö	2 MEDICAL EXAMIN	ER: On the basis of exam	ination end/or investigat	ion, in my opinion	death occured at th	e time, date end place, e	nd due to the co	suse(a) and manner se stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIE	R 7			29c. LICENSE NU	IMBER	29d. DATE SI	GNED (Month, Day, Year)		
	Metro C 8	hercel			100	9944	12	-18192		
2	30. NAME AND ADDRESS OF PERSON WI	O COM LATED CAUSE O	OF DEATH (ITEM 27) (Typ	e, Print)	37115	mas -	AVE			
	MARTIN C. S	HAREGEL	MD		KANSI	JETON A	200	2691		
	31. DATE FILEO (Month, Day, Year)	3. REGISTRAR'S	SIGNATURE		, , , ,			<u></u>		
	UEU 1 N '97	Freha David	som fandell							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be in TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

id for use as the burial-transit permit. Pages 1, 2, 3 should

and or attending physician.

HEAND 21203-3146

BALTIMORE, TWA

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be 15+1

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—curs after death. Page 6 mm requires that the rest to THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. One 3 amount to enter the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)	JEAN '	V F	BECKER				2. DATE OF D	EATH DAY	,	YEAR	3. TIME OF DEATH
	JEAN	V	JEAN BEC	< E Z					NOV	28		92	10:30 PM
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	. last birthday)	MONTHS D	EAR AYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)	/ Want		8. BIRTH Count	HPLACE (State or Foreign
	073-03-0362	2	1 🗆 M 2 🔼 F	74	YRS.	MONTHS D	478	noons min.	Jan 2	3, 1	918		nada
_	9a. FACILITY NAME (If not in		•			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						DEATH	
DIRECTOR	Shady Grove	e Adve	<u>ntist Ho</u>	spital		Roc	kv.	ille			Мо	ntgo	mery
E E	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR L	OCATI	ON					10d. INSIDE CITY LIMITS?
<u></u>	New York		nroe		R	ochest	-						1 - YES 2 - XNO
₹ I	10e. STREET AND NUMBER						101.	ZIP CODE			1.70		WHAT COUNTRY?
FUNERAL	132 Crimson	n Braml						14623					States
5	11. MARITAL STATUS 1 Never Merried 2 (2)	Merried		YES 2		If ye	s, spe	ENDENT OF HISPAN cify Cuben, Maxica	n, Puerto Rican		or No-	Blac	E — American Indien, k, Whita, etc.
B√	3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATES		1 -	YES	2 X NO Specify	r:			Spec	White
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL OCCU vork done during se retired.)	PATIO	N It of working	18b, KIN	D OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5										· ·
MP	12				Homema	ker				n Hor		-	
8	17. FATHER'S NAME (First, M Clarence		an Duser					16. MOTHER'S NA		s, Maiden :		h l o	_ 1
BE	10 MECOMANT'S NAME (Specifical)										Ľ		
5	Richard Becker (Son) 111 Feasel Dr, Henrietta, NY 14467												
	20s. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, St											own, State	
	4 Donellon & Other (Specify) Whitehaven Memorial Park Perinton, NY												17
	21. SIGNATURE ON FUNERAL SERVICE LICENSEE												
	MO0827 Rapp Funeral Services, P.A. 933 Gist Ave. Silver Spring, MD 20910												
NC	iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentiely list condit	→ — — — — — — — — — — — — — — — — — — —	s. Due To	O (OR AS A COM	COLUENCE O		I	ufare	thon	Par-			interval Between Onset and Death
MEDICAL CERTIFICATION	if sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in daeth) LAS	diete iNG iry	C	OR AS A COM									
07	PART ii. Other significa	ant condition	ns contributing to	death but n	ot resulting	in the unde	rlying	ceusa given in	Part I. 24s	. WAS AN		24	b. WERE AUTOPSY FINDINGS
S		1-	moreil	inse	1				1.0	PERFOR		-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
0			//						''		-		OF DEATH?
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IA	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)				
SIC	1 WES 2 NO		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER: 4 - Nursing	g Hom	e 5 🗆 Residence	6 Other (Sp	ecity)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6	Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY	WO	URY AT RK? YES 2 NO	28d. DESCRI	BE HOW II	NJURY O	CCURED	
2 Accident investigation investigation investigation 28s PLACE OF INJURY — At home form street factory office. 28s PLACE OF INJURY — At home form street factory office.										Route Number,			
E	29a. CERTIFIER												
COMPLETED	(Check only	7	ER: On the best of										(a) end menner as stated.
BE	29b. SIGNATURE AND TITLE	e of certifie	R/	1200	el ou	5		29c. LICENSE NU	MBER		29d. D/	TE SIGNE	2 8 / 9 2
10	30. NAME AND ADDRESS O						10	Dood #00)1 Des	deu 4.1	10	MD	20050
	Robert L. 31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATU	J Jilal	y GIU	٧ピ	NUAU #ZL	, KUL	K A T T	.1e,	יווט	20020
	DEC 02		dection	AR'S SIGNATUR	_Aandel	2							

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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BeLL Leroy F. 24 92 6:1 H 11 A. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 | F 72 1920 272-18-8861 Columbus 9a. FACILITY NAME (If not institution, give street and number oa dF101B 9c. COUNTY OF DEATH CRESCENT 5 DIRECTOR Phince ached for use as the burial-transit permit. Pages 1, 2, 3 eenbelt RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WD rince neen be It 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? #106B Rescent 20770 oac United States hospital or attending physician. 11. MARITAL STATUS UNKNOWN 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES YOU Specify: RACE AND 21215-0020 FORCES? 1 YES ENNO 1 Never Mercled 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) Warehouse Manager 12 years U.S. Government 4 vears be notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) unknown 8 unknown BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elvera Wiser 56G Crescent Road Greenbelt, Maryland 20770 page BALTIMORE 28a METHOD OF DISPOSITION
1/L/Surfal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) nours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must n by the funeral director, removal. Cate of Heaven Cemetery 12/1/92 Silver Spring, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Home, P.A. Dansed 4400 Powder Mill Rd. Beltsville, Md. 20705 medicai 23. PART I. Enter the diseases, or compligations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximate Interval Between Onset and Death shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition J MOHALL within resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) executed traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury requires that the death certificate be or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO Anteniorcienotic Candiovara COMPLETION OF CAUSE 1 TES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: OR ATTENDING PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 PResidence 8 - Other (Specify) 4 🗌 Nu 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending investigation 1 YES 2 NO NIA ВҰ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide If Item 29e. CERTIFIER (Check only one)

1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examina IMPORTANT: Deputy Medical 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE 1 BE Velorelne 11-24-92 D0185 5 5 % 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) DEVORE, MD 4203 Hyattsvilla MD 20781 31. DATE FILED (Month, Day, Year) 32. REGISTRADIS SIGNATURE
FUND DAVIDO A RUNDA 92 02

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

3. TIME OF DEATH

YEAR

III once.

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										3. TIME OF DEATH				
	Louis D. Bourgeois								November 30, 1992 2:45				2:45 pm		
	4. SOCIAL SECURITY NUME				rs. last birthday)	birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. B			8. BIRTI	HPLACE (State or Foreign		
	579-40-4252	9-40-4252		F 78 YRS.		MONTHS	DAYS	DAYS HOURS MIN.		April 30,191		914	Country)		
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY	, TOWN	OR LOCATE	ON OF D		00,2		INTY OF C		
R	Suburban Hos	Suburban Hospital					Ве	thes	da			M	ontg	omery	
DIRECTOR	RESIDENCE OF DEC														
				10c. CIT	10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?		
	Maryland Montgomery					Bethesda								1 TYES 2 NO	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE								WHAT COUNTRY?	
밀	8701 Bradmoor Drive						20817 United								
5		11. MARITAL STATUS 1 Never Married 2 Married					If yes, specify Cuban, Mexic					or No-	14. RAC Blac	RACE — American Indian, Black, White, etc.	
à	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES	3		1 TYES	2 X NO	Specif	ly:			Specify: Black		
	15. DEC	EDENT'S EDUC	CATION	164	o. DECEDENT'S	ENT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUST					
Ē.	(Specify only Elementary/Secondary (C	y highest grade 1-12)	College (1-4 or 5	+)	(Give kind of Me. Do NOT u	(Give kind of work done during most of working life. Do NOT use retired.)									
린			5+		Micro	biol	ogis	t			U.S. G	over	nmen	t	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)			_			18. MOT	HER'S NA	ME (First,	, Middle, Maiden	Surname)			
BE	Joseph Bourg	geois						Mar	iann	e Do	oazan				
2	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural	Route Nu	mber, City or Town	, State, Zi	tate, Zip Code)		
F	Marie J. Bou	irgeois	5		8701	Bradı	moor	Dri	ve B	ethe	esda, M	aryl	and	20817	
	20a. METHOD OF DISPOSIT		ovel from State		ACE ANO DATE						TE 20c. LO	CATION -	- City or To	own, State	
	4 Donation 5 Other	(Specify)		Gat	e of H						/92 Sil				
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME A	Doth	SS OF FA	Ch F	Robert	A. P	umph	rey_Funeral	
	1Uxel	-27	Bour	4	M00672	Ų.	isco	nsin	Ave	nue,	Bethe	šďá,	Mar	rey Funeral 7557 yland 20814-	
	23. PART i. Enter the d	iseeses, or c	ompilcations the	t caused th	e deeth. Do	not enter	the mo	de of dy	ing, suc	ch as ca	rdiac or respi	ratory ar	rrest,	Approximate	
	shock, or heart failure. List only one ceuse on each line. iMMEDIATE CAUSE (Final								Interval Between Onset and Death						
							STE COENERALIZED						4 Lyrec		
		NSEQUENCE O	CEOF: CAPAZRALIZED CEOF: CAPAZE MYEZOMA												
Z	Sequentially list condit	ione T	b		227	7702	E	In	EZ	on	77			32000	
CERTIFICATION	if any, leeding to imme	diate	DUE TO	(OR AS A CO	NSEQUENCE D	F):		6							
일	CAUSE (Disease or Inju		DUE TO	(OB AS A CO	NSEQUENCE O										
Ē	that initiated events resulting in death) LAS	т	502.10	(ON AS A CO	MSEQUENCE O	r).								i l	
			d												
	PART il. Other significe					in the ur	nderlyin	g ceuse	given in	Part i. 24s. WAS AN AUTOPSY PERFORMEO?			241	MAILABLE PRIOR TO	
EDICAL	<u> </u>	ASTR	DINOZ	7772	792 K	ED	BRA	PAG	E		1 TYES 2	50.00		COMPLETION OF CAUSE OF DEATH?	
5 1												^		1 YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			07115		ACE OF E	DEATH (Ch	neck only	one)				
Z	1 TYES 2 NO		1 XInpatient 2	☐ ER/Outpatie	nt 3 🗆 DOA	4 Nur		• 5 □ R	esidence	6 🗆 Ott	her (Specify)				
표	27. MANNER OF DEATH 1 X Natural 5	Pending	28a. DATE OF (Month, E		28b. TIN	E OF JURY		PRK?		28d. DI	ESCRIBE HOW II	JURY OC	CURED		
0 2 Accident Investigation W 1 YES 2 NO															
a	3 Suicide 6 Could not be determined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)														
29s. CERTIFIER 1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.															
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								e) and manner as stated,							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								(Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Stephen W. Dejter, M.D., 6719 Wilson Lane, Bethesda, Maryland 20817 31. DATE FILED (Month, Day, Year) 92. REGISTRAR'S SIGNATURE									er 01, 1992					
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}	DEC 02 '97		Suha Day	AR'S SIGNATU	RE male 10										
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF I	IEALTH AND I	MENTAL HYGIEN	ie 92	35879	
į	1. DECEDENT'S NAME (First, Middle, Last) Christian	H. 7.	3EAn	ke	DEATH	2. DATE OF DEATH	OAY C	3. TIME OF DEATH	
	266-68-7079.	D 11 2 □ F	95 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1897	a. BIRTHPLACE (State or Foreign Country) NEW YORK	
CTOR	90. FACILITY NAME (If not institution, give stree FRIEND S NURSING RESIDENCE OF DECEDENT	3.00			SPRING	ATH		ONTGOMERY	
L DIRECTOR	MD MONTG	OMERY	10c. CIT	Y, TOWN OR LOCAT	OWN			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10141 BRINK RD	١.		101	20876		10g. CITIZE	U.S.A.	
ВУ	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT WWI	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexicar 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	n or No- 1	14. RACE — American Indian, Black, White, etc. Specify:	
PLETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY						STRY		
								NO.	
TO BE	19e. INFORMANT'S NAME (Type/Print) ALFILD M. BEHN			ADDRESS (Street a	nd Number or Rural R	loute Number, City or Tow		(ode)	
	20e. METNOD OF DISPOSITION 1			of disposition (Na her place) CREMATO	me of	OATE 20c. LO		ity or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIST N		M00091	22. NAME AN	O ADDRESS OF FAC	YTUIY		20910 VER SPRING,MD.	
	23. PART I. Enter the diseases, or comshock, or heert feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	pilications that caused it only one cause on eec	in Me.	ot anter the mo	da of dying, such	as cardiac or reap	iratory arres	st, Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	n the underlying	, cause givan in f	Part i. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO			
SICIAN		OSPITAL:		OTHER:	ACE OF DEATH (Chec				
	27. MANNER OF DEATH	Inpatient 2 ER/Outpet	28b. TIME	OF 28c. INJU		Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, si		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or	· Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN DEPORT OF THE CONTROL OF THE	N: To the best of my knowled	iga, daeth occurre	d at the time, date	end plece, end due t	to the cause(s) and mer	nner se stated	l. ceuse(e) and manner ee stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ms			29c. LICENSE NUMI D23124			SIGNEO (Month, Day, Year)	
	Denn's M. Han	non MD	18111 PC		PHIUP	DR OW	EY	MD 20832	
	DEC 09 92	32. DEGISTRAR'S SIGNAT	- Pande 182						

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 riburs after death. Page 6 may be mainten by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at enea.
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F-0020

BALTIMORE, MARYLAND 212

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		35880
	1. OECEOENT'S NAME (First, Middle, Last) BURAL	Intent tem	acit	-/-	11-6	77=972	3. TIME OF DEATH 4:15 PM
	4. social security number None	1 🗆 M 2 📜 F	YRS. FUN	DER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN. 2 52	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give HOLY Cross Ho	street and number)	98.0	Silver Spr	eath ng	9c. COUNTY	OF DEATH VICEOMERY
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	ontq.		ithersburg			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 18228 Streamsi	de Drive		101. ZIP CODE	0879	10g. CITIZEN	OF WHAT COUNTRY? U.S.A.
ВУ	11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	711055	RACE — American Indian, Black, White, etc. Specify: Black
TED	15. OECEDENT'S EOL (Specify only highest grade	e completed)	n. OECEDENT'S USUAI (Give kind of work do	OCCUPATION one during most of working d.)	16b. KIND OF BU		
COMPLET	Elementary/Secondary (0-12) None	College (1-4 or 5+)	Non				
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Deneen Budd Deneen Budd							
101	Peneen Budd	a	196. MAILING ADDR	Streamside	Route Number, City or Tov	on State, Zip Coo	MD 220879
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Gat	ACE AND DATE OF DISI y, cremetory or other pla CE OF HE	eosition (Name of aven Cem.		ilver	or Town, State Spring, MD
	21. BIGNATURE OF PUNERAL SERVICE LI	R. Down	Seu	22. NAME AND ADDRESS OF FU SNOWDEN FU ROCKVILLE,	CILITY		
NO	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	complications that caused the List only one cause on each Extreme im a. Extremo im DUE TO (OR AS A COI	maturity	У	ch as cerdiac or reep 21 washs a 300 a		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A COI					
PHYSICIAN: MEDICAL	PART II. Other significent condition Ammotic be	is contributing to deeth but in a construction of the construction	not resulting in the	underlying cause given in	0.000.00	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ОТН				
PHYS	27, MANNER OF DEATH	1 Vinpatient 2 ER/Outpatier 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY — A	W	1 TES 2 NO	281. LOCATION (Street	and Mumber or E	horst Doubs Morthag
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)			City or Town, State)	or ar ribute rearribot,
COMPLETED		ER: On the best of my knowledge					use(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	miller "	, cy	29c. LICENSE NU		1	GNED (Month, Day, Year)
5		hiller MP	(ITEM 27) (Type, Print)	petal, 1500 7	ovest-Glen	Rd, Si	luer Spring Hd
	DFC 03 'Q2	32. REGISTRAR'S SIGNATUR	RE	,		7	7 37

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page 5 should be

the funeral director,

or removal.

signed by the attending physician and completely filled in by : Health and Mental Hygiene prior to burial, cremation, or remo

DR ATTENDING PHYSICIAN: The law requires that the death certificate be to DRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to

has be Dept. 6

FUNERAL I HOSPITAL

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executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9Z BETTERS THOMAS 9: 42 Pm 27 -11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIFTTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 - F 577 -12-5450 07/12/16 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRINGS MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MO MONVEROUNDRING HYATTSVILLS 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6500 R 1665 20783 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes o NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RAGE -- American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Supervisor/Nay Yard Government 17. FATHER'S NAME (First Mickelle I not) 18. MOTHER'S NAME (First, Middle, Melden Surname) be notified at Ethel Williams **Howard Betters** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20721 11503 Belvedere Rd., Mitchville, MD. Joan Betters 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Must Lincoln Mem. 4 Donation 5 Other (Specify) 12/3/92 Suitland, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Frazier's Funeral Home, Inc. 389 Rhode Island Ave., N.W. other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one sause on each line. Approximata Interval Retwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) nous rends Z DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I VES 2 LAND 1 _ YES 2 _ NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) FXAMINER? HOSPITAL: OTHER: 1 YES 2 AND tient 2 ER/Outpatient 3 DOA 4 - Nursing Ho me 5 Residence 6 Other (Specify) 5 27. MANNER OF DEATH-28a. OATE OF INJURY (Month, Day, Year) 28d. OEȘCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 28c. INJURY AT WORK? 28 is marked, 1 Natural 5 Pending Investigation ВҰ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY -- Al home, larm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 🔲 Homicide IMPORTANT: If Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTERING 29d. DATE SIGNED (Month, Day, Year) BE 11/2819 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2309 SHOREFIELD L. LENKIN MO MYRON 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Like Davidson-Randell DEC 0

223 Ø

O.		1. DECEDENT'S NAME (First, Middle, Lest)	Lee
400		4. SOCIAL SECURITY NUMBER	5. SEX
		579-84-7612	1 M 2 - F
		9e. FACILITY NAME (If not institution, give st	reet and number)
	OB	1626 Fenwood A	Ve.
	딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	
	E	MD Pu	G.
permi	FUNERAL DIRECTOR	10e. STREET AND NUMBER	/
arı. ransit	NER	1626 Fent	100d
16 Ihysici ourial-1	5	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT, FORCES? 1 (IF YES, GIVE WA
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atten	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)
212 oital or d for	ĽE	Elementery/Secondary (0-12)	College (1-4 or 5+)
AND the host detache	OME	17. FATHER'S NAME (First, Middle, Lest)	
Pe de st	Ŭ	JAMES E	Bulloce
ARN zained should tiffled	TO BE	19e. INFORMANT'S NAME (Type/Print)	//
be rei	F	hou Smit	h
S may tor, pa			oval from State
Page I direc		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE
BALTIMORE, MARYLAND 21203-3146 et death. Page 6 may be retained by the hospital or attending phys the funeral director, page 5 should be detached for use as the burit wal.		+ Charie) SA111
BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 uires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Health and Mental Hygiene prior to burial, or removal. was any injury, or other traumatic event, the medical examiner must be notified at once.		23. PARY 1. Enter the disesses, pr	
heurs ed in		shock, or heart failure. IMMEDIATE CAUSE (Final	List only one caus
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that the by the and I amy I	JC A		
ECC equires err sign of Heat	MEL		
ITAL ITAL N: The State ha State D	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:
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ION OF NDING PHYS R: After this of death with		1 Netural 5 Pending	(Month, Da
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S F E # 8	COMPLETED	4 Homicide determined	Backy
	PLE	CHOCK OTHY	ICIAN: To the best of i
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	SOM	one) 2 MEDICAL EXAMINE	R: On the besie of ex
THE HOSPI THE FUNER filed within	BE (296. SIGNATURE AND TITLE OF CERTIFIE	Descon
P P B M	0	NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL
			riguez

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FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	92	35882
1. DECEDENT'S NAME (First, Midgle, Lost)	Lee	Bull	ock	2. DATE OF DEATH	5-92	3. THATE OF DEATH
4. SOCIAL SECURITY NUMBER 579 -84 -76/2	5. SEX 1 M 2 D F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-19-5		THPLACE (State or Foreign
90. FACILITY NAME (If not institution, give str 1626 FENWOOD AV	eet and number)	9	b. CITY, TOWN OR LOCATION OF I	DEATH ;	PRINC	
10a, STATE 10b, COUNTY	<u>.</u>	10c. CJBV,	TOWN OR LOCATION XON 1/41	il		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1626 Fenu	1100d	Ave.	101. ZIP CODE 2074	15	10g. CITIZEN OF	WHAT COUNTRY? Slates
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexic 1 — YES 2 NO Speci	cen, Puerto Rican, etc.)	or No- 14. RA	ICE — American Indian, ack, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of	k done during most of working	16b. KIND OF BUS	ake	
17. FATHER'S NAME (First, Middle, Lest) JAM es	ullock		18. MOTHER'S N	IAME (First, Middle, Maiden :	Sumame)	nav
190. INFORMANT'S NAME (Type/Print)	h	606 B	DDRESS (Street and Number or Rure)	ol Route Number, City of Town	n, State, Zip Code)	2000/
28.f. METHOD OF DISPOSITION P Burlel 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)	val from State	ob. PLACE OF DISPOSIT	Name of cometory, cromatory of	lery Lo	CATION City or	Town, State Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	Edwa	nes)	320 Ob	Silver H	1995-	Suit land
23. PART 1. Énter the disesses, pr ci shock, pr heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	lst Dnly Dna csusa Di		t entar ths mode of dylng, so	ich as cardisc Dr respi	ratory arrest,	Approximats interval Batween Onset and Death
Sequantially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):				
PART II. Other significant conditions	contributing to deat	h but not resulting in	tha undarlying cause given i	in Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH OTHER:	17	Section 1	c.d
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. DATE OF INJU 28e. DATE OF INJU (Month, Dex. Yea 28e. PLACE OF INJ building, atc. (URY At home, farm, str	M 1 VES 2 NO	28d. DESCRIBE HOW II 28d. DESCRIBE HOW II 28f. LOCATION (Stakes City or Town, Stake)	Ticked,	hanging
(Orlock Offin)			at the time, date end piece, end d			se(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CENTURES	Jugues	mo	29c. LICENSE N		29d. DATE SIGN	1ED (Month, Day, Year)
Augusto P. Rod	riguez, N	1.D. 5009	Rayburn Ct.	, Camp Sp	rings,	MD 20748
DEC 0 2 1992	32. REGISTRAR'S S					

a de	-	T. 2, 3 should	
	No.	7)	
BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-traversion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer that and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

I SUCCESSION OF THE SECOND						F DEATH		REG. NO	VE .		5883
1. DECEDENT'S NAME (First		TT 1 T 1					MONTE		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	May BA	S. SEX	6. AGE (In vo	s. last birthday)	IF UNDER 1 YEA	R F UNDER 24 HRS	7 DATE	OF BIRTH	7 19	92	6:45P MACE (State or Foreign
577-32-143	10	1 🗆 M 2 📉 F	82		MONTHS DAY		(Monti	, Day, Year)	1010	Country	Virginia
9a. FACILITY NAME (If not		treet and number)			9b. CITY, TOW	N OR LOCATION OF		11,		VITY OF DE	
Doctors H	losp. L	anham			Lanha	am			Pri	nce (George's
10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland		ce George	e's	Mt.	Rainie	er					LIMITS? TY YES 2 NO
4409 30th						10f. ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?
11. MARITAL STATUS	St.	12. WAS DECEDEN	T FVFR IN U.S.	ARMED	12 WAS	20712 DECEMBENT OF HISE	MNIC OBIGIN	7 (Secotts V			tates
1 Never Married 2 3 Widowed 4 Div		FORCES? 1 IF YES, GIVE W	YES 2	ONCX	If yes,	apocify Cuban, Mexi /ES 2 X NO Spe	icen, Puerto I		at or No.		- American Indian, White, etc.
(Specify or	CEDENT'S EDUC nly highest grade	completed)		Give kind of w	vork done during	ATION most of worlding	16b.	KIND OF BU	JSINESS/IND	USTRY	
Elementary/Secondary ((0-12)	College (1-4 or 5 d	•)	Home	Maker			Own	n Home	2	
17. FATHER'S NAME (First,)	Middle, Last)					18. MOTHER'S	NAME (First, I				
Arthur W		ins				Jose	phine	J. S	mmere	JEN!	KINS
N. Earle						et and Number or Run					
20a, METHOD OF DISPOSI 1 M Burial 2 Cremati			20h PL A	CEAND DATE		ve. Land			Md		
1 N Buriel 2 Cremati 4 Donation 5 Othe	ion 3 🗆 Rame or (Specify)	oval from State	cemetery	commetons or of	her place)						Maryland
21. SIGNATURE OF FUNER	AL SERVICE (P.	EMORE .	7/				1717/	471 Bi			
		ENSEE			22. NAME	AND ADDRESS OF	FACILITY FO	ort Li	incoln	Fun	maryiana eral Home
•	A.	Ma	46		340	1 Bladen	sburg	PRd. Li	inco1n	i Fun	eral Home
23. PART I. Enter the d	diseases, or c	Ma	t caused the	e death. Do n	340 Bren	l Bladen	sburg arvlar	Rd. Li	incoln 722	ı Fun	eral Home
23. PART I. Enter the cahock, or I	diseases, or o heart failure. I	complications the	se on each	e death. Do n	340 Bren	AND ADDRESS OF 1 Bladen twood, M mode of dying, so	sburg arylar uch as card	Rd. Rd. nd 207	incoln 722 Diretory arm	ı Fun	eral Home
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MAME AND ADDRESS OF PE	ERSON WHO CI	DMPLETED CAUSE OF DEATH	H (ITEM 27) (Type,	, Print)		`	
PLANES	C.	LATILA.	and	932	FACHEN-	SEVEN	en a
NOV 3	1992	32. REGISTRAD'S SIGNATI	n-Pandell	2			

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IMPURIANT IT TEM 26 IS MATRED, OF HEM 23 SHOWS ANY INJURY, OF DIRECTIVATION, WE THENCED EXAMINET MUST DE NOUTIED AT ONCE.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental hygiene prior to burial, or removal.
	IMPORIANT II ITEM 26 IS MATRED, OF THEM 23 SHOWS ANY INJURY, OF DIRECT CAUMBUC EVENT, THE MEDICAL EXAMINET MUST DE NOTING 21 ONCE.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO.		
200	1. DECEDENT'S NAME (First, Middle, Lest) ESTHER GARY	BURNS				2. DATE OF DEATH INONTH 28	1992	3. TIME OF DEATH 10:31 a m
	4. SOCIAL SECURITY NUMBER 212-16-0618				UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 02 21	Cour	rhPLACE (State or Foreign prity) P Valley, PA
	9s. FACILITY NAME (If not institution, give s	treet and number)		Bb. CITY, TOWN OR L	OCATION OF DEA		9c. COUNTY OF	
DIRECTOR	Althea Woodland			Silver Sp			Montgo	mery
2	10e. STATE 10b. COUNT			TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
		ntgomery	Sil	lver Spri				1 X YES 2 NO
FUNERAL	9737 Mt. Pisqah	Road #904		P-02-03-100	20903		U.S.A	WHAT COUNTRY?
된	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, specify	Cuban, Mexican,	C ORIGIN? (Specify Yes , Puerto Rican, etc.)		CE — American Indian, ick, White, etc.
B	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR D	ATES	1 [] YES 2	NO Specify:		Spe	White
百	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U (Give kind of wo	rk done during most of	working	16b, KIND OF BUS	BINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Teacher			D.C. So	chool Sy	stem
O	17. FATHER'S NAME (First, Middle, Last)			18	MOTHER'S NAM	E (First, Middle, Maiden		
BE 0	John Gary				Della B	ilby		
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
	Edith A. Christe							g, MD 20903
	1 Burial 2 \(\frac{1}{2}\) Cremation 3 \(\precedef{1}\) Rem 4 \(\precedef{1}\) Donation 6 \(\precedef{1}\) Other (Specify)	oval from State can	. PLACE AND DATE OF hetery, crematory or othe tropolita	ar nincal		30/92 Alex	cation – city or candria.	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND A	DDRESS OF FACI			
	Jack D.	triend		4739 B	altimor	e Avenue,	Hyattsv	
	23. PMT I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease or condition	complications that cause List only one cause on e	ach line.			Zailu		Approximata Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	-10-1) —	0		100
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):					
ERTI	resulting in death) LAST	d						
LC	PART II. Other significant condition	s contributing to death b	ut not resulting in	the underlying cr	use given in P	Part I. 24s. WAS AN	AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS
DICAL	Dementio	_		and an arrying or	grow ar r	PERFOR	MBD2	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Hymaxe					1 □ YES 2	GI NO	OF DEATH?
1.0	OSTEL 1	2 No 5-1						10 10 19 10
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Chec	ok only one)		
PHYSICIAN	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		Nursing Home 5	☐ Residence 6	Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	TY WORK?	AT 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
	3 Suitside 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	set, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
COMPLETED		CIAN: To the best of my know	ledge, death occurred	at the time, dete end	place, and due to	o the cause(s) and man	ner as stated.	
COM		R: On the basis of examination	n end/or investigation,	In my opinion, death	occured at the ti	lme, date and place, an	d due to the cause	(a) and manner as stated.
86	296. SIGNATURE AND TITLE OF CERTIFIED	1/(1,50	0	29	c. LICENSE NUME	901	DATE SIGNA	D (Moren, Day, War)
0 1		1 com						1-4147
Т0	30. NAME AND ADDRESS OF PERSON WH	o completed cause of de	ATH (ITEM 27) (Type, F	E 201	Si	100 50	ning'	1020910
ОТ	30. NAME AND ADDRESS OF PERSON WAR	O COMPLETED CAUSE OF DE VING ST 32. REGISTRAR'S SIGN FUNDA JAWY GOON - PO	ATURE T	201	Si	lue sp	ning'	HD20910



DIVISION OF VITAL RECORDS, P.O.



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 16 miled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR					OF DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE	OF DEATH		YEAR	3. TIME OF DE	ATH
ANGELA C. Be	rry					11	2		92	4:20	AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	rs. last birthday)	IF UNDER 1 YE			OF BIRTH		0. BIRTH	PLACE (State or	Foreign
579-15-6386	1 M 2 X F	1	7 YRS.	MONTHS DA	YS HOURS MIN.	Jani	h, Day, Year) 1arv 1(0.197	5 Wa	m shingto	on . D.
Sa. FACILITY NAME (If not institution, give	street and number)			96. CITY, TO	WN OR LOCATION OF D		, ,	T -	NTY OF D		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4169 SOUTHERN RESIDENCE OF DECEDENT 100. STATE 100. COUN Maryland Prin	AVENUE	APT.	#103	Ca	pitol Hei	ghts		PR	INC	E GEOR	GES
10a. STATE 10b. COUN											TY
Maryland Prin	ce George	S	Can	itol E	leights					LIMITS?	OM 5
	ce dedige	<u> </u>	Oup.	LLOI 1.	10f. ZIP CODE			10a, CIT	IZEN OF V	WHAT COUNTRY	
10e. STREET AND NUMBER 4169 Southern Av 11. MARITAL STATUS 11 N. Marer Marriad 2 Marriad					20743			U.S			
3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	. NO		n, Puerto Rican, etc.) Bie			E — American in k, White, etc. ^{My:} Black	dlan,		
15. DECEDENT'S ED	UCATION	164	a. DECEDENT'S I	JSUAL OCCU	PATION	160	, KIND OF BU	SINES\$/IND			
(Specify only highest grad	College (1-4 or 5	e)	(Give kind of w life. Do NOT use	ork done durin retired.)	g most of working						
11			Student			I	Educati	ion			
15. DECEDENT'S ED (Specify only highest grate Elementary/Secondary (0-12) 1 1 17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	_					
Walter Berry					Marv		ris				
19a INFORMANT'S NAME (Type/Print)			19b, MAILING	ADDRESS (St	reet end Number or Rural			n State 76	n Code1		
Walter Berry					rn Ave. #				,	c Mn ′	07/2
20s. METHOD OF DISPOSITION		20h E4	ACE AND DATEO				E 20c. LO				.0743
1XXBuriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	Ced	y, cremetory or ott lar Hil	er place) Ceme	,	1	92 Sui				
21 SIGNATURE OF FUNERAL SERVICE	ICENSEE				E AND ADDRESS OF FA						, ,
THE A	hoel-	1		M	t - 11 t - D	-	**	_	430	8 Suit1	and I
22 BART I Estados	perton	-		mars	hall's Fur	neral	. Home,	Inc.	Sui	tland,	102074
23. PART I. Enter the diseases, or shock, or heart failure	List only one ceu	t caused the	e death. Do no line.	ot enter the	mode of dying, suc	ch as car	diac or respi	iratory en	rest,	Approxi	mate Between
IMMEDIATE CAUSE (Fine)				,							nd Death
disease or condition resulting in death)	e. Hun	shor	twou	nd on	neck						
	DUE TO	(OR AS A CO	NSEQUENCE OF	: 6							
Samuelalle, the control of the											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	с									!	
that initiated events	DUE TO	(OR AS A CO	NSEQUENCE OF);							
resulting in death) LAST	d										
PART II. Other significent condition	na anatributina ta	de sale leve u	and an addition to				11 W-38		_		
TANT II. Other significant condition	sis contributing to	deeth but r	not resulting if	the under	lying ceuse given in	Part I.		4a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY AMAILABLE PRIO	OT R
PART II. Other significent condition							1 XYES 2	□ NO		OF DEATH?	CAUSE
							, ,			1 YES 2	NO NO
 										•	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1-SIZES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	11000171				6. PLACE OF DEATH (C/	heck only o	ne)				
145 VES 2 NO	HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	OTHER: 4 Nursing	Home 5 Residence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH	28e. DATE OF		28b. TIME		INJURY AT		SCRIBE HOW I	NJURY OC	CURED		
1 Natural 5 Pending	11-28	3-199	2 2:45		WORK?	SUE	JECT		SHOT	7	
	28a PLACE OF INJURY — At home form stored factors office.								APT.		
4 M Homicide 6 Could not be 4 M Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	building,	etc. (Specify)	AT HOM			416	or Town, State)			VENUE	
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN. To the best of		4.46						-		
(Check only one)					date end place, and due						
2 MEDICAL EXAMIN		ABITHI HITOIT WIT	wor investigation	, in my opina	on, death occured at the	time, date	and place, an	d due to th	ne cause(e	e) end manner ee	stated.
296. SIGNATURE AND TITLE OF CERTIFI	ER	** ** / **			29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Yea	r)
- Worlder	Wright	- 1111)		O.C.M	. E		▶ 1:	1 - 2	28- 19	92
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type, 111 PE	NN S'	FREET BA	LTIM	ORE, M	IARY			
31. DATE FILED (Month, Day, Year)	32. REGISTRA		REL								_
DEC 0 1 1992) Lilia	Daindson	-Handell	-							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ms for extending the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, user. Toole is detached for use as the burial-trans be filled within 72 hours after death with the State Oppt, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examiner must be noted.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)						DLA		2. DAT	E OF DEATH			3. TIME OF DEATH
	CARLTON B	. BRO	DBECK							12			992	12:28 p w
- 1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in yrs. i	last birthday)		R 1 YEAR	-	R 24 HRS.	7. DAT	E OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	066-16-59	71	1 -M 2 -F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	04	-10-19	918	PENN	SYLVANIA
	9s. FACILITY NAME (If not ins		net and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
OR O	MONTGOMER	λT,	OLNEY, MD MONTGOME						DMERY					
DIRECTOR	RESIDENCE OF DEC		The control of the co						7771111					
1								10d. INSIDE CITY LIMITS?			10d. INSIDE CITY LIMITS?			
	MARYLAND 10e. STREET AND NUMBER	S	SILVER SPRING								1 YES 2 NO			
FUNERAL					10	f. ZIP COE		10g. CITIZEN OF WH				HAT COUNTRY?		
2	10609 DUN	KIRK	DRIVE 12. WAS DECEDEN	T EVED IN I.C.	DMED	1 10	WES DES	PENDENT	209					
	1 Never Married 2	Married		YES 2			If yes, sp	ecity Cub	an, Mexica	an, Puerto Rican, etc.) Black,				— American Indian, White, etc.
BY	3 Widowed 4 Divor	ced	W 165, GIVE F	WWII			I 📙 TES	XWO	Specify	у:			Specifi	WHITE
COMPLETED		DENT'S EDUC		16a. £	DECEDENT'S	USUAL C	CCUPATH	ON of work	ina	10	Sb. KIND OF BUS	UNESS/IN	DUSTRY	WILLE
9	Elementary/Secondary (0-		College (1-4 or 5		the. Do NOT u	se retired.)	ourng me	AR OF WORK	""					
MP			5+	C(OMPUT	ER P	ROGR	AMME	R	\perp	U.S. G	OVER	NMENT	
8	17. FATHER'S NAME (First, Mic				_						, Middle, Maiden	Surname)		
出	MELVIN	W.	l	RODBECI					TTIE			RTNE		
2	19a. INFORMANT'S NAME (Ty	52.5	1131								mber, City or Town			
	ANNABELLE 20s. METHOD OF DISPOSITION		HN							_	NAPOLIS			
	1 Burlal 2 Cremation 4 Donation 5 Other	3 🖾 Remo	val from State	cemetery, c	rematory or o	ther place:					1		City or Tow	
	21. SIGNATURE OF FUNERAL		NSEE	- 1 21.	JACO:				KUH SS OF FA		BRO	DREC	KS, P	A
	> Star		1 (Z.	0		F	RANC	IS J	. CO	LLIN	NS FUNE	RAL	HOME,	INC.
	23. PART I. Enter the die	roue) CC	nce										P., MD 2090
	shock, or he	art fallure. L	lat only one cau	se on each iir	ne.	iot ente	r the inc	one or any	nng, suc	n aa ca	rdiac or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition parallel of the condition													
	a. DUE TO (OR AS A CONSEQUENCE OF):													
z	Sequentially list conditions 6.													
일	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or Injury													
CERTIFICATION	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONS	EQUENCE O	F):								
当		d					-							-
	PART II. Other significan	t conditions	contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
EDICAL											PERFOR	/		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME														1 TES 2 NO
ž														15.0
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL:			OTHE		LACE OF I	DEATH (Ch	eck only	one)			
Z Z	1 YES 2 NO		1 Dispatient 2			4 🗆 Nu	raing Horr		esidence		her (Specify)			
_	27. MANNER OF DEATH 1 Natural 5 P	ending	28a. DATE OF (Month, D	ey, Year)	20b. TIM	E OF URY	WC	PURY AT DRK?	_	28d, D	ESCRIBE HOW IN	LJURY OC	CURED	
≧	2 Accident	rvestigation	28a PLACE O	F INJURY — At I	1			YES 2 [_ NO	20110				
		could not be etermined	building,	etc. (Specify)	rome, term,	stroot, rac	tory, orne			Chi	CATION (Street a y or Town, State)	nd Numbe	r or Rural Ho	oute Number,
9	29s, CERTIFIER										_			
COMPLETED	(Check only		IAN: To the best of											
8	1		/ A	Carrierantion and/o	r investigatio	n, in my	opinion, d	leath occu	red at the	time, de	te and place, and	d due to t	he cause(s)	and manner as stated.
ᇤ	296. SIGNATURE AND TITLE	OF CERTIFIER	$\Lambda_{i}(\lambda)$	()	20			29c. LIC	ENSE NUI	MBER		29d. DAT	TE SIGNED	(Month, Day, Year)
ဥ	30. NAME AND ADDRESS OF	DEBSON MINO	COMPLETED COM	SE DE DEATH (T	EM AT T	0-/		1.	200	D	_	- 1	4	70
	V TONE AND ADDRESS OF	M-/	V D CAN	SE OF DEATH (IT	EM 27) (Type	Print)	· · · ·	110	10	CV	1/0	11/2	har	1000
	31. DATE FILED (Month, Day, Y	bar)	32. REGISTRA	R'S SIGNATURE	, X(11,0	e '	1 010	13 K	N	0 "	1.1	1/20	1 9087
	DEO	12		wids a	Luit, aa									
	050 11	1/	O Tune VI	W Washington	AP CO. P. ST.	_			_					DHMH-16 Rev 1/89

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00,	within
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2	The state of
DIVISION OF VITAL RECORDS, P.O. BOA 86/800	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a
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2	TEND
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1 8	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	AY		3. TIME OF DEATH
		Glori	a (7.	Bar1	.OW					19	92	M
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs.	last birthday)				R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign
	528-18-079		1 🗌 M 2 🔀 F		70 YRS.	MONTHS	DAYS	HOURS	MIN.	January 12	2,192	2 Uta	a'h
	9s. FACILITY NAME (If not in		,			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH	
6	5500 Frien		Blvd.	#2404-N	Chevy Chase Montgomery						nery		
S C	10a, STATE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION 10d. INSI						10d, INSIDE CITY		
DIRECTOR	Maryland	Mon	tgomery			hevy	Cha	150					LIMITS?
	10. STREET AND NUMBER				nicvy		f. ZIP COD	E	10g. CITIZEN OF				
FUNERAL	5500 Frie	ndship	Blvd. #2	2404-N				20	815	U.S.A.			
S S	11. MARITAL STATUS	T EVER IN U.S.						NIC ORIGIN? (Specify Yes or No. 14. RACE -			- American Indian, White, etc.		
I Never Married 2 Married FORCES? 1 YES 2 MHO If yes, specify Cuban, Mexican, Puerto Rican, etc.) If YES, GIVE WAR OR DATES If YES, GIVE WAR OR DATES If YES, GIVE WAR OR DATES								Specif	ly:				
0											_	White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Glive linit of work done during most of working life. Do NOT use retired.) 16. DO NOT use retired.)								SINESS/IND	IDUSTRY				
COMPLET	Elementary/Secondary (t	F-12)	College (1-4 or 5 -		rpora			cuti	Ve	1			
O.	17. FATHER'S NAME (First, M	liddle, Last)			report		2322			ME (First, Middle, Maiden	Sumame)		
BE C	Ja	ames	S. Grege	erson						Lucy M.	Andry	us	
TO B	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	G ADDRES	S (Street i	and Numbe	r or Rural	Route Number, City or Tow	m, State, Zip	Code)	
F	Mr. Milton	A. Ba	rlow		5500	Frie	ndsh	nip B	lvd.	#2404-N;	Chevy	y Cha	ase, MD20815
	20a, METHOD OF DISPOSIT 1 TV Burlal 2 Crematic		oval from State	20b. PLA	CE AND DATE	OF DISPOS	SITION (N	ame of			CATION -		
	4 Donation 5 Other		-	Pa	cremetory or o					12-5 Rock	cville	e, Ma	aryland
	21. SIGNATURE OF FUNERA	L SERVICE LI	ENSEE			22.		ND ADDRE		ER'S SON,	TNC		
	L's	A AL	wheton			- 1				Ave., NW		. DO	20016
	23. PART I. Enter the d	iseases, or o	complications that List only one ceu	t coused the	deeth. Do	not enter	the mo	ode of dy	ing, suc	h as cardiac or resp	iratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Fir												interval Between Onset and Death
	disease or condition resulting in death) a. Lardia L Arrest DUE TO (OR AS A CONSEQUENCE OF):												
	DUE TO (OR AS A CONSEQUENCE OF): Rhythm Disturbunce DUE TO (OR AS A CONSEQUENCE OF): Months DUE TO (OR AS A CONSEQUENCE OF):												
8	Sequentially list condit		b. Ahy	Thm	DIST	urb	ano	-					Months
M	If any, leading to imme cause. Enter UNDERLY	ING		Mar					50				M
틸	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A CON	SEQUENCE O	NF):	01	-	36				years
CERTIFICATION	resulting in death) LAS	T	d										
	PART II. Other aignifice	nt condition	s contributing to	death but no	t resulting	In the ur	derlyln	G COURS	alven in	Part I. 24a, WAS AN	Allmoney	Lan	WEDE HISTORIA ENIONICO
MEDICAL	Diabete										RMED?	240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Sion	1 102	er yes	1 eru	i a	Char	e.	119/	ur je	1 U YES	NO		OF DEATH?
- 1	2104									-			1 Tes 2 No
AN	25. WAS CASE REFERRED TO	O MEDICAL					26 P	ACE OF D	DEATH (Ch	eck only one)	_		
PHYSICIAN:	EXAMINER?		HOSPITAL:	FB/Outnetlant	3 DOA	OTHEI	R:	1					
H	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIN	AE OF	28c. INJ	FURY AT	esidence	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCC	URED	
ВУ Р		Pending Investigation	(Month, D	lay, Year)	IN	JURY M		YES 2	□ NQ				
	3 Suicide 6	Could not be	28e. PLACE O	F INJURY At etc. (Specify)	home, farm,	street, fact	tory, offic	:0		26f. LOCATION (Street	and Number	or Rural A	oute Number,
E	4 Homicide	determined		(14,000.7)						City or Town, State)			
PLE	29a, CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge,	death occur	red at the f	ime, date	and place	, and due	to the cause(s) and ma	nner as state	ed.	
COMPLETED										time, date and place, ar			and manner as stated,
BE C	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NUN	WBER	29d. DATE	SIGNED	(Month, Day, Year)
	Benjamn Auron DC 4/23 12-02-92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									2-92			
-							11 -						
	Benjamin Aar					, NW	#6B	-401	Wa	shington,	DC	200	37
	31. DATE FILED (Month, Day,	red/)		R'S SIGNATURE									
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Middle, Last)								2, DATE OF DE	ATH		3. TIME O	E DEATH
			LAUREN	DEAN BU	IRKE						MONTH	DAY	YEAR		P
		4. SOCIAL SECURITY NUME		5. SEX		yrs. last birtho	ford IE UNIOE	R 1 YEAR	IF UNDER	34 UD0	7. DATE OF BIR			THPLACE (Sta	. 07
				1, M 2 F	0. 702 (11)	YF.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	Cour	HPLACE (Sta	tte or roreign
should	Ιi	504-20-5981 9a. FACILITY NAME (If not in	eth dian also	Χ		63					AUG 29			TH DAI	KOTA
3 sho	œ	SE. PACIESTY NAME (II NO. III	sinution, give s	treet and number)			96. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH	9c.	COUNTY OF	DEATH	
~	стов	NATIONAL RESIDENCE OF DEC	NAVAI.	MEDICAL	CENT	ER		BETH	ESDA				MONTGO	MERY	
8.	🕍	10a. STATE	10b. COUNT				CITY, TOWN	OR LOC	ATION					10d. INSIC	DE CITY
2	DIRE	VIRGINIA		RLINGTON	r		A D.T.	rayon.	ION					LIMIT	TS?
permit. Pages		10a. STREET AND NUMBER		CRI. INC. IUI			ARL	INGT	of ZIP COD	E		100	. CITIZEN OF		
is.	ERAL	1101 SOUTH	ARLIN	GTON RID	GE RO	OAD				22'	202			D STAT	
020 physician. burial-transit	FC	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED	.S. ARMED 13. WAS DECENDENT OF HISPA							CF — America	en Indian
5-0020 nding physic is the burial		1 Never Married 2 🔀		FORCES? 1	YES NAR OR DAT	YES 2 NO If yes, specify Cuben, Mexica					in, Puerto Rican,		Bio	ck, White, etc	C.
215-0 attending	B	3 Widowed 4 Divo	rced		9 - 1				X	ороси	,		Spo	WI WI	HITE
1215 r attend use as			EDENT'S EDU	CATION		16a. DECEDE					16b. KIND	OF BUSINES	S/INDUSTRY		
E 8 2	ᄪ	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do N	d of work done OT use retired.)	ounng n	nost of works	ng					
ND hospita ached	릴	12		1 1	+	ENGI	NEER				Sy	stem	S		
AND the hospital detached to once.	COMPL	17. FATHER'S NAME (First, M	iddle, Last)					_	16. MOT	HER'S NA	ME (First, Middle,	Maiden Sumi	ime)		
# 8 E		HOMER BERT	BURKE				LENA LOUISE BLUMHARDT								
	00	19a. INFORMANT'S NAME (7			19b. MAI	LING ADDRES	\$ (Street	and Numbe		Route Number, City			2220	02	
ENT	일	JANE M. VAN	FOSSEN	r							RIDGE F				
] [20a METHOD OF DISPOSITI			20b. F	PLACE AND D	_			JON			N — City or 1		ION VA
		1 ∰Burlel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		oval from State	A T	tery, crematory	or other place	ati	onal						
Page al dire		21. SIGNATURE OF FUNERA	L SERVICE LK	ENSEE	- 6	TAME	Arlington Funeral Home						•		
		Ma		10 15	2	~								••	
A = 2 (6)		Ivon		40.10	2001	ay-					rfax D			Va.	
S = 5		23. PART I. Enter the di shock, or he	seases, Dr (eert fallure.	complications the List only one cer	et caused i	the death. I ch line.	Do not ente	r the m	ode of dy	ing, suc	h as cardiac o	respirator	ry arrest,		proximate ervai Between
24 hoc filled tion, or the m		IMMEDIATE CAUSE (Fin	al												set and Death
C - 13		resulting in death) a. CARDIOPULMONARY ARREST													
760, ad withii omplete if, cremit				DUE TO	(OR AS A	CONSEQUENC	E OF):								
	Z	Sequentially list conditi	ons T		LL										
X C - E	CATION	If any, leading to imme	diate	DUE TO	(OR AS A C	CONSEQUENC	E OF):								
Cate be cate be shysicia e prior	3	cause. Enter UNDERLYI CAUSE (Disease or inju		C	(OB 40 4 4	001105011511									
certificate nding physi Hygiene pr	RTIF	that initiated events resulting in death) LAS	r .	DUE 10	(OH AS A C	CONSEQUENC	E OF):							i	
The state of	CER	d													
2 5 2 =		PART II. Other significe	nt condition	s contributing to	death but	t not result	ng in the u	ndertyl	ng cause	given in	Part I. 24s. 1	WAS AN AUTO		b. WERE AUT	OPSY FINDINGS
that the had by an an an an an an an an an an an an an	MEDICAL											YES 2 1		COMPLETIO	PRIOR TO ON OF CAUSE
Sign Health											'X'	res z [] r	~	OF DEATH?	
F 5 5 5	1 - H										- 1			1 TYES	2 13(110
Negs of	¥	25. WAS CASE REFERRED TO	MEDICAL		-			26. (PLACE OF D	EATH (Ch	eck only one)				
OR ATTENDING PHYSICIAN: The OR ATTENDING PHYSICIAN: The PINECTOR: After this certificate hyours after death with the State E tem 28 is marked, or Item	SICIAN:	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpat	tient 3 DO	OTHE	R:			6 Other (Spec	(6.1)			
HYSICIA his certif	PHY	27. MANNER OF DEATH		28a. DATE OF	INJURY		TIME OF	28c. IN	JURY AT	701041104	28d. DESCRIBE		Y OCCURED		
NG PHYS her this coath with		2.3	Pending Investigation	(Month, E	Day, Year)		INJURY M		YES 2	NO					
VDING VDING TAtter death	ВУ	0 0 0 1 1 1		28e. PLACE C	OF INJURY -	– At home, fa	rm, street, fac				28f. LOCATION	Street and N	umber or Rural	Route Numbi	90
THEN TOP	圓		Could not be datarmined	building,	etc. (Specify	'y)					City or Town			20,000	3
L OR ATTENDING L DIRECTOR: After hours after death litem 28 is man	COMPLET	29a. CERTIFIER	TEVALO DUMO								2490 90 1000	1965	11470.7		
Z Z Z	₫ ₩			CIAN: To the best of										CONTRACTOR OF THE CONTRACT	and the second
HOSP UNE Within	용			R: On the beals of a	- CONTRACTOR	and/or investi	gatton, in my	opinion,	death occu	red at the	time, date and pi	ace, and du	to the cause	(s) and mann	er as stated.
THE HOSPITAL THE FUNERAL filed within 72.	H	29b. SIGNATURE AND TITLE	OF CERTIFIE	1/1	10	-	110			ENSE NUI			. DATE SIGNE		
TO THE HOSPITAL TO THE FUNERAL I De filed within 72 h	0	vanie	1	Noce	Va.		1.12		3	5055	283 (OH)	NOV	. 24,	1992
		30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEAT	TH (ITEM 27)	Type, Print)		NATI	ONAI	L NAVAL	MEDIC	CAL CE	NTER	
		D.A.HOLDI							BETH	IESD/	A, MD 20	889-5	600		
		31. DATE FILED (Month, Day.		Julia Davi	H'S SIGNAT	TURE									
		DEC 04 '92		A DOWN	HOOF	Author De	,								

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1	v requires	been signe	Shows
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	AN: The law requires	ificate has been signe	r item 23 shows
	YSICIAN: The law requires	s certificate has been signe	id, or item 23 shows
	G PHYSICIAN: The law requires	or this certificate has been signed	tarked, or item 23 shows
	NDING PHYSICIAN: The law requires	R: After this certificate has been signed	is marked, or item 23 shows
	ATTENDING PHYSICIAN: The law requires	ECTOR: After this certificate has been signed	n 28 is marked, or item 23 shows
	L DR ATTENDING PHYSICIAN: The law requires	DIRECTOR: After this certificate has been signed	item 28 is marked, or item 23 shows
	SPITAL DR ATTENDING PHYSICIAN: The law requires	VERAL DIRECTOR: After this certificate has been signed	III. If item 28 is marked, or item 23 shows
	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires	E FUNERAL DIRECTOR: After this certificate has been signed	FTANT: If item 28 is marked, or item 23 shows
	O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires	O THE FUNERAL DIRECTOR: After this certificate has been signed that the control of the state of the signed that the control of the signed that the control of the signed that the control of the signed that the control of the signed that th	WPORTANT: If item 28 is marked, or item 23 shows
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centigrate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed	be med within 12 hours and besti with the state bept, or regard any median prior to build, defination, or relieval. IMPORTANT: If item 28 is marked, or item 23 shows any IN/LIV, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signed to the find matrix 72 hours after death with the Core find of Leading	IMPORTANT: If item 28 is marked, or item 23 shows

	1 - STATE OF MARYL REGISTRAR		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Cathenine A. Ban 4. SOCIAL SECURITY NUMBER 5. SEX. 6. AGE.	105	4	2. DATE OF DEATH MONTH DAY	year 3. Time of Death A				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (577-01-2826 1 □ M 2 🗓 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	May 29,1915	s. BIRTHPLACE (State or Foreign Country) Washington, DC				
TOR	Ba. FACILITY NAME (If not institution, give street and number) ULSOM HRUTH Cape RESIDENCE OF DECEDENT	98	96. CITY, TOWN OR LOCATION OF DEATH Be. COUNTY OF DEATH Outgoin						
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgomery		own on Location		10d, INSIDE CITY LIMITS?				
1	10s. STREET AND NUMBER		101. ZIP CODE	100	1 TYPES 2 NO				
FUNERAL	6433 Brooks Lane		U.S.A.						
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEOENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 🖺 NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do Not use retired, life, Do Not use retired.)								
MPL	College (1-4 or 5 +) 1 2	homemake	r	own h	nome				
	17. FATHER'S NAME (First, Middle, Last) George Krug			AME (First, Middle, Meiden Surne garet Keane	ime)				
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING AD	ORESS (Street and Number or Rura		ne, Zip Code)				
F	Ronald Beach		rth Stone St.A						
	1X Burial 2 ☐ Cremation, 3 ☐ Removal from State Carr	PLACE AND OATE OF C	nlace)		ON — City or Town, State				
	Gate of Heaven Cemetery 12+7-92 Silver Spring, Md/ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home								
Щ	- Steindre W/ Harr		2222 Wiscons	in Ave., N.W.,	,Washington,DC.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
NOI	Sequentially list conditions, if any, leading to immediate b. Coroning atturibusis DUE TO (Of AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF:							
E	resulting in deeth) LAST								
AL C	PART II. Other aignificant conditions contributing to death b	ut not resulting in t	ha underlying cause given in	Part 1. 24s. WAS AN AUTO PERFORMED					
MEDIC	Hypertinam			1 TYES 2 N	COMPLETION OF CALLOR				
. M	Right bemindlers and danders	a. Deme	##		1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	theck only one)					
HYSI	1 YES 2 NO 1 Inpetient 2 ER/Outp		Nursing Home 5 - Residence	a Other (Specify) 28d. DESCRIBE HOW INJUR	V OCCUPED				
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK? M 1 YES 2 NO	20d. DESCRIBE HOW INJUR	у оссонев				
8	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY building, etc. (Special Could not be detarmined)	— At home, farm, stree	et, factory, office	281. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of sxamination								
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER By D. Johnson M.D.		29c. LICENSE NO D - 190		DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE		Avenue Gait	hersburg Mass	land 70879				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	ATURE		7+ -7					
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Z	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
NO	DING
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIEN						
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH P				
	Kathleen	Brewer				12 06 b	1992	YEAR 12:55 M				
	4. SOCIAL SECURITY HUMBER		In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS. 7	7. OATE OF BIRTH		BIRTHPLACE (State or Foreign				
	578-62-2800 9a. FACILITY HAME (If not institution, give s	1□ M 2√2 F 94	YRS.	THS DAYS	HOURS MIH.	7/16/18		Washington Do				
OR	Villa Rosa Nursing Home Mitchellville Prince G											
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
DIRECTOR		e George	200	tchell			10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
	10a. STREET AND HUMBER	<u> </u>		10f.	ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	3800 Lottsford Vis	ta Road		2	20721		United States					
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			EHDENT OF HISPAHIC		or Ho— 1	4. RACE — American Indian, Black, While, atc.				
IF YES, GIVE WAR OR OATES 1 ☐ YES 2 1 ☐ HO Specify: Specify:												
		0.7701				Lan with an art	<u> </u>	White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use ret	done durina moi	nt of working	16b, KIHD OF BU	SINESS/INDU	SIRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak	4.0		Own H	ome					
OM	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S NAME	E (First, Middle, Malden	Surname)					
	Dennis McCarthy				Rita Ro	llins						
) BE	19a. IHFORMANT'S HAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Flural Floo	ute Number, City or Tow	m, State, Zip C	2ode)				
2	Teresa A. Moroney	7	20913 T	ewkesbu	ury Terra	ce, Germa	ntown	, MD 20876				
	26a. METHOD OF DISPOSITIOH 1 X Burlel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify) □	oval from State	p. PLACE ANO OATE OF cemetary crematory or continued. Olivet	oisposition	(Name ry 12/8/9	1		fty or Town, Stata				
	21. SIGNATURE OF FUNERAL BERVICE LIN											
	* Ratur Fo	mah	M00198	Bet 7557 W	A. Pumph hesda-Che	evy Chase Ave.,Betl	, Inc.	MD 20814-3501				
	23. PART I. Enter the disease, or	complications that caused List paiy one cause on a										
	IMMEDIATE CAUSE (Fine)	List billy one couse on e	l 1					Onset and Death				
	disease or condition recuiting in death)	· Dely	distrem									
	QUE TO (OR AS A CONSEQUENCE OF)											
ON	Sequentially list conditions,	b. DUE TO (OR AS	COHSEQUENCE OF):	وياسا	^	A						
FA	if any, leading to immediate ceuse. Enter UNDERLYING	(0.00,000,000	a b	hen	8 0-6	July		į				
은	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):	9		,						
CERTIFICATION	resulting in death) LAST	· red	el jo	-la	usu.							
	PART ii. Other significent condition	ns contributing to death h	ut not resulting in t	he underlying	a cause alven in P	nrt I. 24a, WAS AF	ALITOPRV	24b. WERE AUTOPSY FINGINGS				
CAL	THE STATE OF THE S		at not resulting in t	no ondonym,	g cacoo given in i	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC				-		1 TYES	2 NO	OF DEATH?				
						-		1 TES 2 HO				
N N	25. WAS CASE REFERRED TO MEDICAL		45.5	26. PL	ACE OF DEATH (Chec	k only one)		1				
Sic	EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Outs	patient 3 DOA	THER:	ne 8 🗆 Rasidence 8	Other (Specify)						
PHYSICIAN:	27. MAHHER OF DEATH	28a. DATE OF IHJURY	28b. TIME O	F 28c. INJ	TURY AT	28d. DEŞCRIBE HOW	INJURY OCCI	UREO				
ВУ Р	1 Hatural 5 Pending Investigation	(Month, Day, Year)	INJUR		YES 2 HO							
	3 Suicide 8 Could not be	28a. PLACE OF IHJURY building, aic. (Spe	/ — At home, farm, stre-	et, factory, offic	•	28f. LOCATIOH (Street City or Town, State		or Rural Route Number,				
ETED	4 Homicide determined				2		,					
COMPLE	(Check only	HCIAH: To the best of my know						ed. cause(a) and menner as stated.				
8			a. investigation, I	,ny opinion, c								
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	н		1	29c. LICENSE HUME	6 MD	Þ /	SIGNEO (Month, Day, Year) 2.6 9				
2	30. HAME AHD ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, Pri	han	ohne 1	MD	207	18				
	31. DATE FILED (Morth, Day, Year)	32. AEGISTRAP'S SIGN	ATURE RONDER									

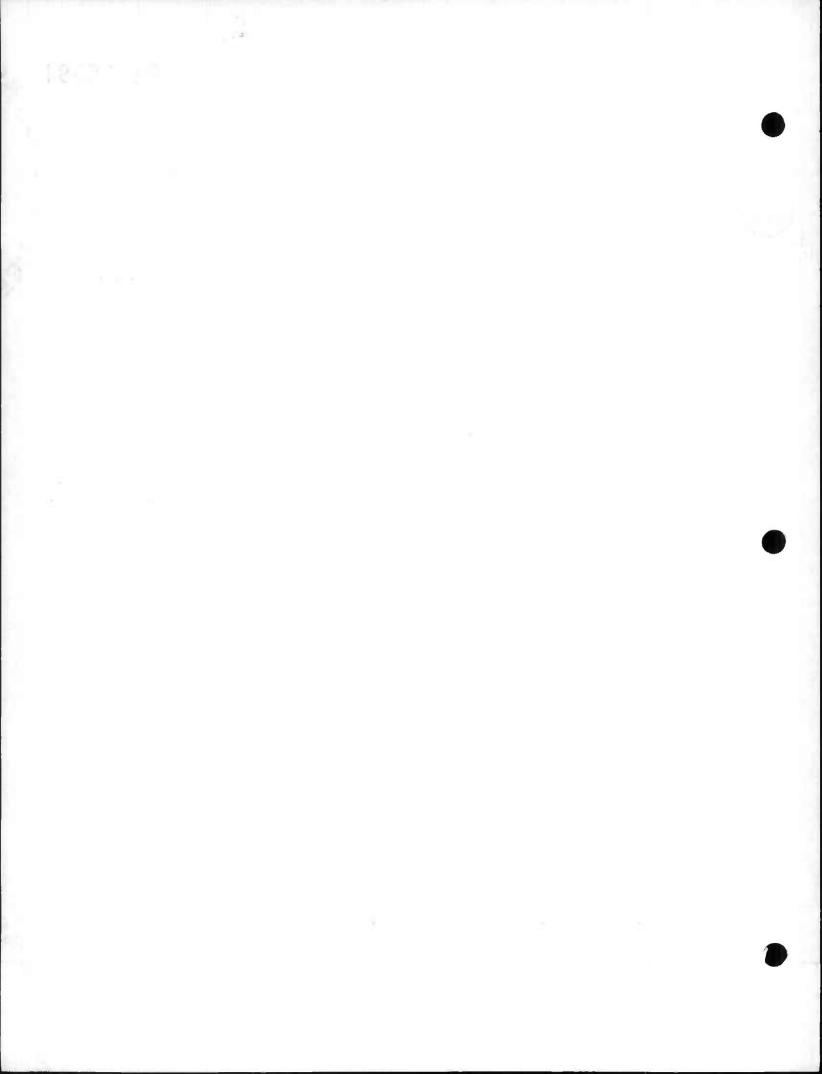
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Section 1

1	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	7
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT S NAME (FIRST, MICONS, LIST)	Jo Ann	CLIFTON	1	2. DATE OF DEATH	30 YEA	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	s. 7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
.0	577-46-1038	1 □ M 2 🖾 F 5	б YRS.	MONTHS DAYS HOURS MIN	(Month, Day, Yea -11-2-3	7 0	Washington DC
	9a. FACILITY NAME (If not institution, give si			96. CITY, TOWN OR LOCATION OF		9c. COUNTY C	
DIRECTOR	Box 231 Elm Lane			White Plains		Charl	es
E C	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCATION		CALIFORNIA I	10d. INSIDE CITY
	Maryland Ch	arles		White Plain	S		LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
삘	Box 231 Elm Lan			206			S.A.
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me	xican, Puerto Rican, etc.	Yes or No- 14. F	IACE — American Indian, Black, White, etc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES 2 NO Sp	ecify:		wcasian
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade			USUAL OCCUPATION work done during most of working	16b, KIND OF	BUSINESS/INDUSTR	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	retired.)			
₩	12th 17. FATHER'S NAME (First, Middle, Lest)	N/A	Insura	nce Sales		Insurance	9
ECC		Managa			NAME (First, Middle, Mai		
m	Clarence Allen 196. INFORMANT'S NAME (Type/Print)	Moore	19b. MAILING	ADDRESS (Street and Number or Ru	ry Adele S)
2	Franklin Dean Cl	ifton, Sr.		e as 10 A-F			,
	20e METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rema	DESCRIPTION :	20b. PLACE AND DATE	OF DISPOSITION (Name of	DATE 20c	LOCATION — City of	r Town, State
	4 Donation 5 Other (Specify)		cemetery, crematory or of Prinity Me	morial Gardens	12 3 92	Waldorf.	Maryland
	21. SIGNATURE OF PUMERAL SERVICE LIC	A CI		22. NAME AND ADDRESS OF	Lee F		ome, Inc.
	- Horight	achon Job		6633 Old Ale		-	linton,Md.
	23. PART I. Enter the diseases, or of shock, or heart failure.	omplications that cau List only one cause o	ised the death. Do n n each line.	ot enter the mode of dying, a	such as cardiac or re	spiratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition						Onset and Death
	resulting in death)	Respin	catory Ir	nsufficiency			
z				Malignant)			j
OT.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE OF	7:			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	S. DUE TO COR	AS A CONSEQUENCE OF				
	that initiated events resulting in death) LAST	DOE TO (OR)	IS A CONSEQUENCE OF	·k			
E 1	resolding in death) EX31						
CERTIFICATION	THY SECTION SHOW IN CO.	1					
	PART II. Other significent condition	e contributing to deet	h but not resulting i	in the underlying ceuse given		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	THY SECTION SHOW IN CO.	e contributing to deel	h but not resulting i	n the underlying ceuse given	PER		
: MEDICAL	THY SECTION SHOW IN CO.	e contributing to deel	h but not resulting i	in the underlying ceuse given	PER	FORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	e contributing to deel	h but not resulting i	In the underlying ceuse given	1 YE	FORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	PART II. Other significent condition	e contributing to deet HOSPITAL: 1 Inpatient 2 ERV			(Check only one)	FORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO 27. MANNER OF DEATH	HOSPITAL:	Dutpatient 3 DOA	26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 ₺ Residen	(Check only one)	FORMED?	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetent 2 ERV 28a. DATE OF INJU (Month, Dey. Ye.	Outpetlent 3 DOA	26. PLACE OF DEATH OTHER: 4 Nursing Home 5 M Residen E OF	(Check only one) (Check only one) (Check only one) 28d. DESCRIBE HO	FORMED? S 2 M NO W INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpettent 2 ER/N 28a. DATE OF INJU (Month, Dey, Ye.) 28a. PLACE OF INJ building, etc. (:	Dutpetient 3 DOA RY 28b. Title INJ URY — At home, farm, s Specify) nowledge, death occurre	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 M Residen E OF	(Check only one) (Check only one) (Check only one) (Check only one) 28d. DE\$CRIBE HO 281. LOCATION (Str. City or Town, S	FORMED? S 2 NO W INJURY OCCURE out and Number or Ru menner as stated.	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely "Jed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - STATE REGISTRAR		CEF	RTIFIC	CATE OF	DEATH	1		G. NO.	-		
		ROSS						2. DATE OF DE	ATH P	Y	92 ^{XEAR}	3. TIME OF DEATH 9:45P M
	4. SOCIAL SECURITY NUMBER 463073050	XX M 2 □ F	AGE (In yrs. last bi	- 22	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS	HRS.	7. DATE OF BIF (Month, Day, 09/15	Year)	19	Country	PLACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give Perry Point V.A. RESIDENCE OF DECEDENT		enter		Perry		OF DEAT	тн			NTY OF D	EATH
REC	10a. STATE 10b. COUNT	Υ	1	10c. CITY,	TOWN OR LOCA	TION					I	10d. INSIDE CITY
۵	Maryland Ceci	1		No	rth Eas	t						1 X YES 2 NO
FUNERAL	417 Rolling Mill				10	21901	L					Ctates
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	D	If yes, s	CENDENT OF DECITY Cubers, NO. 2 NO.	Mexican,	ORIGIN? (Spe Puerto Rican, o	etc.)	or No—	14. RACE Black Speck	- American Indian, t, White, etc. ny: White
TED	15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DECEI (Give	DENT'S U	ISUAL OCCUPATI ork done during m retired.)	ON ost of working		16b. KIND	OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			y Caret			Cath	edra	al &	A11	Saints Cem.
	17. FATHER'S NAME (First, Middle, Last) Myrtle Cross					100 000		E (First, Middle,		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AAILING A	ADDRESS (Street			ae Woo		ı, Stata, Zic	Code)	
5	Dianne L. Frankl	in	41	17 Ro	olling	Mill	Lane	e, Nor	th 1	East	MD	21901
	20a. METHOD OF DISPOSITION 1 M Burlal 2 □ Cremation 3 □ Rea 4 □ Donation 5 □ Other (Specify)	noval from State	206. PLACE AND cometery, cremet North	DATE OF	er place)	ame of		DATE :				
	21. SIGNATURE OF FUNERIAL SURVICE L	CENSEE	MOTER	ast	22. NAME A	ND ADDRESS	OF FACIL	LITY	NOI	ctn i	last,	Maryland
	· Olobed	1. 14	neck	4				1 Home n Stre	et,	Nort	:h Ea	st, MD 2190
	23. PART I. Enter the disesses, or shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respira	on each line.	.lure	2	ode of dying), such	as cerdiac o	r respi	ratory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Status 1	ung r as a conseque Post CVA r as a conseque	wit	h Right	Hemi;	pare	esis				
CERTIF	that initieted events resulting in death) LAST	d	H AS A CONSEQUE	INCE OF):								
MEDICAL	PART II. Other significant condition	ns contributing to de	eath but not resu	uiting in	the underlyin	g ceuse giv	en in Pa	-	MAS AN A PERFOR		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
i.												
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	19/Outputlant 2 [OTHER:	LACE OF DEA						-
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF IN (Month, Day,	JURY 2	86. TIME		URY AT		28d. DESCRIBE		JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 P	-					
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, at	NJURY — At home, c. (Specify)	, Term, atr	reet, factory, offic	ia .	2	City or Town	(Street a 1, State)	nd Number	or Rural A	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE	dola	1.D.	P. L	.AL	29c. LICENS		ER 2525	1.	29d. DAT	E SIGNED	(Month, Day, Year)
	Prem Lal, M.D.	Perry Poir			rint)	ter	Darr	vy Doi-	+	MD 2	1002	
	31. DATE FILED (Month, Day, Year) DEC 11 '92	30. REGISTBAR	s signature	œ.	Car Cel	LEL,	rert	y roin	و حا	עניז Z	1907	
												DHMH-16 Rev 1/89

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	1	FOR STATE REGISTRAR	STATE OF MA	RYLAND C	/ DEPART	MENT OF H	IEALTH AND DEATH	MENTAL	HYGIENE REG. NO.	92	35	5893
		1. DECEDENT'S NAME (First, Middle, Last)	DELMER	Rile	у (COWGILL		2. DATE O MONTH Decei	mber 7		YEAR	10:15 a M
29		4. SOCIAL SECURITY NUMBER 234-26-9852	1 📉 M 2 🗆 F	AGE (In yrs. Is	-	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		1	. BIRTHPLA	Virginia
2, 3 shou	5	Se. FACILITY NAME (If not institution, give st Memorial Hospi					perland	EATH			of DEAT	
=	DIRECTOR	Maryland Alle				TOWN OR LOCA						d. INSIDE CITY LIMITS? K YES 2 NO
lan. transit pern	FUNERAL	10 N. Liberty 11. MARITAL STATUS					21502			J	JSA	T COUNTRY?
2 g g		1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 🔀	RMED NO	If yes, sp	CENDENT OF HISPAL ecify Cuban, Mexics 2 NO Specif	in, Puerto Ri		or No— 1	4. RACE — Bleck, W Specify:	American Indian, Thite, etc. White
	L'EIED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		, CG	Give kind of wo e. Do NOT use	SUAL OCCUPATION of done during more retired.) Drive	est of working		ring of Busing	1000 1000 1700	STRY	
B 66	C COMPLE	17. FATHER'S NAME (First, Middle, Last) Riley Cowgi	.11		22 dek	DIIVO	18. MOTHER'S NA Alice	ME (First, Mi	ddle, Maiden S			-
retain 5 sho	2	Hazel Cowgill					ty St.				ode)	
Bust Cor.		20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Remote		SUNS	AND DATE DI	pisposition (Ne	nme of TK ND ADDRESS OF FA	13/15/c	Cumb	erla		Maryland
after death. Page by the funeral direction moval.		· Ernest a	7. ROG	h.		Leas	ure-Ste	in,I	21502			Lmore Av.
within 24 hours pletely filled in to cremation, or releast, the mediant, the mediant.		23. PART I. Enter the diseases, or o shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that ca List only one cause	on each lin	EDVENCE OF	lung	de of dying, suc	h as cardio	ac or respir	atory arrea	rt,	Approximate Interval Between Onset and Death
ath certificate be trending physician all Hyglene prior is a Hyglene prior in or other trau	CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR	AS A CONSE	DUENCE OF	e a	i					
requires that the den signed by the of Health and Me shows any injur		PART II. Other significant condition	s contributing to de	ath but not	resulting in	the underlying	g cause given in		24e. WAS AN A PERFORM 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
The law te has the bept on 23		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HQSPITAL:	3/Outpetient		OTHER:	ACE OF DEATH (Ch					
this cert with the		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJ (Month, Day,	IURY	26b. TIME INJU	OF 28c. INJ	URY AT PRINT		RIBE HOW IN	JURY OCCU	RED	
TTENDI TTENDI TTOR: A after da	9	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	UURY — At h . (Specify)	ome, farm, st	reet, lactory, offic			TION (Street er Town, State)	nd Number of	Rural Route	Number,
HOSPITAL DR A FUNERAL DIREC WITHIN 72 hours		29a. CERTIFIER (Check only one) 1 XCERTIFYING PHYSIC one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the bests of exam	knowledge, d	enth occurred	at the time, date in my opinion, d	and place, and due	to the caus	e(s) end menr and place, and	ner as stated	cause(s) an	d manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I		296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WHI	neth	7	1		D 30	159		29d. DATE :	2/9	192
4		Dr. Kenneth Ro	ck-4th Flo	or-Mef	norial	Hospit	al-Cumbe	rlnad	, MD	2150	2	
		SI. DATE FILED INDEC 14 19	32. AGISTRAR	ordson-	Pandelle							

FOR 1 - STATE PEGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedis i nan			ENIII	ICAL	C	UEA	1 [REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) DOROTHY	MAE CANE							2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	nat hirthrims	IF UNDER	1 VEAD	IF UNDER	24 Ume	7. DATE OF	0]		92	9:20 P M
	578-78-4771	1 🗆 M 2 💢 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	my, Year)		Country	
	9a. FACILITY NAME (If not institution, give	street and number)	70		9h CITY	TOWN	OR LOCATI	ON OF DE	2/12/	1922	94 0011	Wash	ington, DC
Œ	PRINCE GEORGE'S		L CENTE	R			EVERL	0.000	-Ain				GEORGE'S
DIRECTOR	RESIDENCE OF DECEDENT						- 1	- '			11/2	TIOL	SECROL S
R	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
		ce George	e's	Co	11ege	e Pa	rk						1 🔀 YES 2 🗌 NO
₹ I	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
ij l	4711 Berwyn Hous	e Road					2074	0			U.S	.A.	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. A		13.	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN? (S	Specify Yea	or No—	14. RACE Black.	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W					2 NO			, 0.0.,		Specify	
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	3N	_	165 10	ND OF BUS	INESS/INE	MICTOV	wnite
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		Give kind of b. Do NOT u	work done			ng	100.10	10 Or 500	1112371110	JOSINI	
P	10th Grade			ısewi	fe					wn H	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Midd				
BE C	Ralph Proctor						Lo	uise	Jone	s			
	19e. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADORESS	(Street a	nd Number	or Rural I	Route Number,	City or Town	, State, Zip	Code)	
5	Carol L. Cranfor	d		9612	47tl	n Pl	ace,	Col	lege F	ark,	MD	2074	0
	20e. METHOD OF DISPOSITION 1 St Burlet 2 Cremetion 3 Rem	normal from State @	20b, PLACE	ANDDATE	OF DISPOS	ITION (Na	me of		OATE	20c. LOC	CATION —	City or Tow	rn, State
	4 Denation 5 Other (Specify)	//	Glenv	rematory or o	Ceme 1	tery		12/	04/92	Wasi	hing	ton,	D.C.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE //			22.	NAME AN	ID ADDRE	SS OF FA	CILITY				
	1 / Man	Kun	1										e, P.A. MD 20781
- 1	23. PART i. Enter the diseeses, or	complications the	caused the d	eath. Do i	not anter	the mo	de of dy	ing, auc	h aa cardiac	or reapi	atory an	rest.	Approximate
	ahock, or heart fellure. iMMEDIATE CAUSE (Final	List only one cey	se on eech iin	10.									interval Between Onset and Death
	disease or condition	Exto	rsive	Chat	26.0	:- 0	0-	from Ma	1				Oliset and Death
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE O	ang 1		nee	no ir				-	
z		b.											
유	Sequentially list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
3	CAUSE (Disease or injury	c											
1	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
H	Tostilly in destily exol	d											
اد	PART II. Other significant condition	ns contributing to	daeth but not	reaulting	in tha un	dariying	cause (given in	Part I. 24	. WAS AN			WERE AUTOPSY FINDINGS
EDICAL CERTIFICATION		lithia		101	-		elix	1 1		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
					-		any.		,	_ 163 2			OF DEATH?
Σ ;													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Ch	eck only one)				
SIC	1 WES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		e 5 🗆 Re	sidence	8 Other (S	pecify)			
É	27. MANNER OF GEATH	28e. DATE OF (Month, De		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCR	BE HOW IN	JURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	(110,111,10	, , , , , , , , , , , , , , , , , , ,		M		ES 2] NO					
ED B	3 Suicide 8 Could not be	26s. PLACE Of building.	F INJURY — At h	ome, lerm,	street, lact	ory, office	•		281. LOCATIO	ON (Street el	nd Number	or Rural Ro	ute Number,
	4 Homicide determined	12211							Ony or n	AMII, Stelley			
COMPLET	29a. CERTIFIER 1 CERTIFYINO PHYS	ICIAN: To the best of	my knowledge, d	eath occurr	ed at the ti	me, date	end place	, end due	to the cause(a) end men	ner as stat	ed.	
8	one) 2 MEDICAL EXAMINE												and menner ea stated.
	296. SKONATURE AND TITLE OF CENTIFIE	110	110	2			29c. LICE	ENSE NUM	MBER		29d, DAT	E SIGNED (Month, Day, Year)
BE	- July	My +	Hlevo	unf	,		DI	810	4		>	2.7	-92
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUS	E OF OEATH (ITE	EM 27) (Type	Print)	0		- 10	1		-		
	1-SURY ME	600	5 10	NDO	VER	Ko	A1)	#1	CHE	VERL	-Y-	MO:	207857
	31. DATE FILEO (Month, Day, Veer)		A'S SIGNATURE	Dans	00.			- 1,1			-		
1	MECA 3 1993	Grand	ANTINI (d\Day\-	Morlan	- Carrier								

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	TIFICA	TE O	FDEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF D	EATH
Charlotte V	W. Chakan					Dece	mber	7, 19	YEAR	11:00	Δ
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest bin	thday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State of	Foreign
218-38-9980	1 □ M 2 및 F	71	YRS. MONTI		22	Dec.	Day, Year)	1920	Maı	y) ryland	
9a. FACILITY NAME (If not institution, give s			9b. C	ITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF D	EATH	
1106 Thornden Ro	oad			Roo	ckville				Mont	gomery	-
10a. STATE 10b. COUNTY	Y	10	Dc. CITY, TOW	N OR LOC	ATION					10d. INSIDE C	ITY
	tgomery		Rockv							LIMITS?	
100. STREET AND NUMBER 1106 Thornden Roa	ad			2	20851			1		what country States	7
11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO		If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	an, Puerto F			14 BACE	— American li ic, White, etc.	
15. DECEDENT'S EDU	CATION	16a DECED	ENT'S USUA	OCCHOA:	TION	106	KIND OF BU	ENICOS (NIC)	10 Tenu	Whit	.e
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give k	ind of work do NOT use retire	ne during i d.)	nost of working	100.			Joint		
17. FATHER'S NAME (First, Middle, Last)		PI	incipa	11	to teorricale at	ARAS (Simo A		ation			
Frank M. White					18. MOTHER'S NA	ame (First, a n Bla		Sumame)			
19a. INFORMANT'S NAME (Type/Print)		10h M	AILING ADDR	ESS /Stran	ETTE			on Chain The	Cortel		
Charlotte C. Bouc	cher				on St., R					20053	
20a. METHOD OF DISPOSITION		20b. PLACE AND				DATE		Mary La			
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cremato	ory or other pla	ce)		1	100			100	,
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	MC. OI.		TREALS OF	ery 12/	A CHILD HOLD				-	
Rabuh 3	tound	MO	0198 H	Rober 300	t A. Pum West Mon ville, M	phrey taome	Fune:	ral Ho	ome/	Rockvi	lle Inc
23. PART I. Enter the diseases, or o	complications that car	used the death.	. Do not en	ter the n	node of dying, suc	ch as card	lec or resp	ratory arre	at.	Арргох	lmata
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Arteri	OSCLETO:								Onset i	Between Dea
_				m a 11 7	in depend	A 4-					
Sequentially list conditions,		AS A CONSEQUE		nsuı	in depend	aant					
If any, leading to immediate cause. Enter UNDERLYING				D11 7	monary D:	icosc				j	
CAUSE (Disease or Injury that initiated events		AS A CONSEQUE		Pul	monary D.	rseas	e			+	
resulting in death) LAST	d										
PART II Other significant condition	e contribution to de-	At his are	101 1 01-			Part					
PART II. Other significant condition	s contributing to dea	th out not resu	iting in the	underlyl	ng cause given in	Part I.	24s. WAS AN PERFOR	RMED?	24b.	AMPLABLE PRICOMPLETION COMPLETION	OR TO
						_				1 TES 2	□ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-0-136-T-1	OTH		PLACE OF DEATH (C	heck only on	0)				
1 YES 2 NO	1 Inpetient 2 ER/		DOA 4 🗆	Yursing Ho	me 5 X Residence	_					
27. MANNER OF DEATH 1 X Natural 5 Pending	.28e. DATE OF INJL (Month, Day, Ye		Ib. TIME OF INJURY	V	VORK?	28d. DE\$	CRIBE HOW I	INJURY OCCI	URED		
2 Accident Investigation	26s. PLACE OF IN.	MIRY — At hom-	form eterat		YES 2 NO	201 1 000	TION (C)		. 0	Sanda Atr. 1	
3 Suicide 6 Could not be 4 Homicide detarmined	building, etc.	(Specify)	.aiin, 51/06 (,	ectory, of	ruel	City o	ATION (Street or Town, State)	ena Number d	or Hural F	voute Number,	
	ICIAN: To the best of my i									i) and menner a	s stated.
29b. SIGNATURE AND TITLE OF CENTIFIE		11.6			29c. LICENSE NU					(Month, Day, Ye	1117
Movold	X Juc	y MD			D00957					7, 199	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Print)		1/				20.	,, 19:	, ,
Donald L. Bucy, M	.D. 809 Ve	eirs Mil		d, R	ockville,	Mar	yland	2085	1		
31. DATÉ FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									

ise as the burlal-transit permit. Pages 1, 2, 3 should attending physician. 1215-0020 BALTIMORE, MARKAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained to the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medicel examiner must be notified at once.

7)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE MARYLAND 21215-0020	ter death. Page 6 mat to received by the hospital or attending physician.	the branch director, when cannot be detached for use as the burial-transit permit. Pages 1, 2, 3 should	al examiner must bit netitied at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from a min from 6 min for improved by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transmit parameters, and detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or empower.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neithed at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAN				ICALE	- 01				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest,								2. DATE	OF DEATH			3. TIME OF DEATH
	Shi -	Tee Che	n						МОМТН			YEAR	- M
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs.	Anna bloth days	= 10000					mber 3	, 19		8:07 P ^M
	4. SOURE SECONITY NUMBER		6. AGE (III yrs.		IF UNDER	DAYS	IF UNDER	MINN.	7. DATE C	Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
	026-52-9454	1 □ M 2/√2 F	79	YRS.						9. 19	113	m-	iwan
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE				NTY OF C	
œ	G1 - 1 - G												
2	Shady Grove Adve	ntist Hos	pital		I	<u>Rock</u>	vill	.e			Mon	tgom	erv
S	10a, STATE 10b, COUN	TV		140.00	Y, TOWN O			-				717	
DIRECTOR		11		10c. C11	Y, IOWN O	H LOCATI	ION						10d, INSIDE CITY LIMITS?
	Maryland Me	ontgomery		N	orth	Pot	omac	:					1 TYES 2 W NO
7	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	14544 Pebblewe	and During											
뿔								878				Taiw	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMEO	13. V	MAS DECE	ENDENT C	OF HISPAN	IIC ORIGINA	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
	1 Never Married 2 Married	IF YES, GIVE W		23,110				Specify		cart, etc.)		Spec	
BY	3XX Widowed 4 Divorced												Asian
0	15. OECEDENT'S ED	UCATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	N .		16h	KINO OF BUS	UNESS/INC	MISTRY	ASTAIL
E	(Specify only highest grad		-	(Give kind of life. Do NOT us	work done d	luring mos	st of working	ng					
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +	·)										
불	12			Home	maker	c				Own	Hom	e	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Meiden	Sumame)		
	Not avail	able						No+		vaila	h1 -		
BE	19e. INFORMANT'S NAME (Type/Print)	- COLO		105 114 11 114	1000000	(0)				r. City or Town			
2										, . ,		,	
	James Y. Chen			155 M	ounta	ain 1	Road	, So	mers	Conn	ecti	cut	06091
	20e. METHOD OF DISPOSITION 12 ☐ Burlal 2 ☐ Cremation 3 ☐ Rea	normal from State		CE AND DATE		ITION (Nar	me of		DATE	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other (Specify)	novai from Sizite		crematory or o		Com	0402	12	/12/9	Spri	nafi	014	MZ
- 8	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. 1	NAME AN	D ADDRE	SS OF FA	CILITY	e lobi.		era	1111
- 3	W I OW	200 11	MOOR	33 I	Rol	pert	Α.	Pump	hrey	Funer	al H	ome/	
0	Darbara 4	Muller	Man	rence	- Bet	cnes	da-C	nevy	Chas	se, In	C.	7557	Wisconsin 4-3501
	23. PART i. Enter the diseases, or	complications that	t caused tha	death. Do	not entar	the mod	de of dy	ing suc	h as cardi	ac or respi	ratory an	reet	Approximate
- 1	shock, or heart failure	. List only one cau	se on aach i	ina.			,			ac or respi	atory are	001,	Interval Between
	IMMEDIATE CAUSE (Final		_						-				Onset and Death
- 1	disease or condition		-	0 -									
- 1	requiting in death)	-	- U V	deo	Jan	Con	lav		1	150	25		
	resulting in death)	a. DUE TO	(OR AS A CON	SEOUENCE O	Don	۔ دی۔	lav			150	250	2	
	resulting in death)	DUE TO	(OR AS A CON	SEQUENCE O	Don F):	حدی۔	lav		D	150	25	2	
NO	Sequentially ilst conditions,	DUE TO	(OR AS A CON	SEOUENCE O	F):	ح کی۔	lav			150	250	Q	
ATION	Sequentially flat conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEOUENCE O	F):	Cex	lav			150	250	2	
ICATION	Sequentially ilst conditions,	b	(OR AS A CON	SEQUENCE O	F):	د ده	la			150	05	2	
IIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CON	SEQUENCE O	F):	د د	lav			150	05	2	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CON	SEQUENCE O	F):	حدث ح	la		<u>D</u>	(50)	08	2	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO c. DUE TO d.	(OR AS A CON	SEQUENCE O	F): F):					(Se	0.5	2	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO c. DUE TO d.	(OR AS A CON	SEQUENCE O	F): F):					24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO c. DUE TO d.	(OR AS A CON	SEQUENCE O	F): F):					24a. WAS AN PERFOR	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO c. DUE TO d.	(OR AS A CON	SEQUENCE O	F): F):					24a. WAS AN	AUTOPSY MED?		MAILABLE PRIOR TO
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO c. DUE TO d.	(OR AS A CON	SEQUENCE O	F): F):					24a. WAS AN PERFOR	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO c. DUE TO d.	(OR AS A CON	SEQUENCE O	F): F):					24a. WAS AN PERFOR	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported by the significent conditions.	DUE TO c. DUE TO d.	(OR AS A CON	SEQUENCE O	F): F): In the unc	derlying 26. PL	j cause (given in		24a. WAS AN PERFOR	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO C. DUE TO d. HOSPITAL:	(OR AS A CON (OR AS A CON (OR AS A CON)	SEQUENCE O SEQUENCE O	F): F): OTHER	derlying 26. PL	J cause i	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? THE STATE IN NO	DUE TO DUE TO DUE TO DUE TO HOSPITAL:	(OR AS A CON (OR AS A CON deeth but no	SEQUENCE O SEQUENCE O Directing	OTHER 4 Nurs	derlying 26. PL t: sing Home	J cause :	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	246	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? THE VES 2 MO 27. MANNER OF DEATH	DUE TO C. DUE TO d. HOSPITAL:	(OR AS A CON (OR AS A CON (OR AS A CON deeth but no	SEQUENCE O SEQUENCE O ot resulting	OTHER 4 Nurs	26. PL. 1: 1: sing Home 28c. INJL WOT	ACE OF D	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	246	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? THE STATE IN NO	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON DER/Outpetient INJURY INJURY	SEQUENCE O SEQUENCE O DE resulting 3 □ DOA 28b. TIM	OTHER 4 Nurs	26. PL. 1: sing Home 28c. INJL WOT 1 Y	ACE OF D	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	246	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TYPES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON deeth but no ERI/Outpatient INJURY BY, Year) F INJURY — At	SEQUENCE O SEQUENCE O DE resulting 3 □ DOA 28b. TIM	OTHER 4 Nurs	26. PL. 1: sing Home 28c. INJL WOT 1 Y	ACE OF D	given in	Part I. eck only one 6 Other 28d. OES	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IN	AUTOPSY MED? X NO	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially illat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO SE 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON DER/Outpetient INJURY INJURY	SEQUENCE O SEQUENCE O DE resulting 3 □ DOA 28b. TIM	OTHER 4 Nurs	26. PL. 1: sing Home 28c. INJL WOT 1 Y	ACE OF D	given in	Part I. eck only one 6 Other 28d. OES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? X NO	24b	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON deeth but no ren/Outpetient INJURY ey, Year) F INJURY — At etc. (Specify)	SEQUENCE O SEQUENCE O DE resulting 2 3 DOA 28b. TiM IN.	OTHER 4 Nurs	26. PL.It: It: Ising Home 28c. INJU 1	ACE OF D	given in	Part I. eck only one 6 Other 28d. OESA 281. LOCA	24a. WAS AN PERFOR 1 YES 3 (Specify) CRIBE HOW III	AUTOPSY MED? X NO NUMBER NUMBER NU	24b	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? THE SE 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 29 Accident detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY:	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON deeth but no deeth but no FER/Outpetient INJURY ey, Year) FINJURY — At etc. (Specify)	SEQUENCE O SEQUENCE O SEQUENCE O Ot resulting 28b. TiM IN. home, farm,	OTHER 4 Nurs E OF UNY M street, factor	26. PL.It: it: sing Home 28c. INJI Orry, office	ACE OF D S G Re BY AT RK? ES 2 [given in	Part I. eck only one 6 Other 28d. OESC 281. LOCA City o	24a. WAS AN PERFOR 1 YES \$ (Specify) CRIBE HOW IF	AUTOPSY MED? X NO NUTRY OC	24b	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? THE SE 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 29 Accident detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY:	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON deeth but no deeth but no FER/Outpetient INJURY ey, Year) FINJURY — At etc. (Specify)	SEQUENCE O SEQUENCE O SEQUENCE O Ot resulting 28b. TiM IN. home, farm,	OTHER 4 Nurs E OF UNY M street, factor	26. PL.It: it: sing Home 28c. INJI Orry, office	ACE OF D S G Re BY AT RK? ES 2 [given in	Part I. eck only one 6 Other 28d. OESC 281. LOCA City o	24a. WAS AN PERFOR 1 YES \$ (Specify) CRIBE HOW IF	AUTOPSY MED? X NO NUTRY OC	24b	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? THE SE 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 29 Accident detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY:	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON deeth but no deeth but no FER/Outpetient INJURY ey, Year) FINJURY — At etc. (Specify)	SEQUENCE O SEQUENCE O SEQUENCE O Ot resulting 28b. TiM IN. home, farm,	OTHER 4 Nurs E OF UNY M street, factor	26. PL.It: it: sing Home 28c. INJI Orry, office	ACE OF D S 5 Re URY AT (ES 2 C) and place eath occur	given in DEATH (Che Desidence NO NO No Desidence Red at the	Part I. Bock only one B Other 28d. OESC City of to the cause time, data is	24a. WAS AN PERFOR 1 YES \$ (Specify) CRIBE HOW IF	AUTOPSY MED? X NO NJURY OC and Number oner as state d due to the	CUREO or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? THESE 2 NO 27. MANNER OF DEATH THE Accident Investigation of Death The Accident Investigation of Death The Check only one) 29a. CERTIFIER (Check only one)	DUE TO DUE TO	(OR AS A CON (OR AS A CON (OR AS A CON deeth but no deeth but no FER/Outpetient INJURY ey, Year) FINJURY — At etc. (Specify)	SEQUENCE O SEQUENCE O SEQUENCE O Ot resulting 28b. TiM IN. home, farm,	OTHER 4 Nurs E OF UNY M street, factor	26. PL.It: it: sing Home 28c. INJI Orry, office	ACE OF D S 5 Re URY AT (ES 2 C) and place eath occur	given in MEATH (Cho esidence NO n, and due red at the	Part I. eck only one 5 Other 28d. OESC 281. LOCA City o	24a. WAS AN PERFOR 1 YES \$ (Specify) CRIBE HOW IF	AUTOPSY MED? X NO NJURY OC and Number oner as state d due to the	CUREO or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? PART II. Other significent conditions. 26. WAS CASE REFERRED TO MEDICAL EXAMINER? PART II. Other significent conditions. 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation detarmined. 29. CERTIFIER (Check only only 2) MEDICAL EXAMINER. 29b. SIGNATURE AND TITLE OF CERTIFIED. 30. NAME AND ADDRESS OF PERSON W.	DUE TO DUE TO C. DUE TO d. Ins contributing to Passed to the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of experience of the passe of the	(OR AS A CON (O	SEQUENCE O SEQUENCE O	OTHER 4 Nurs E OF Nurs M street, factor at the time, in my op	26. PL. t: sing Home 28c. tWot Wot yory, office	ACE OF D S G Re S G Re ACE OF D S G Re S G Re ACE OF D S G Re	given in	Part I. Bock only one B Other 28d. DESA City of to the caut time, data :	24a. WAS AN PERFOR 1 YES \$ (Specify) CRIBE HOW IF	AUTOPSY MED? X NO NJURY OC and Number oner as state d due to the	CUREO or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO Route Number,

or attending physician.

use as the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.

BALTIMORE, MARYCAND 21215-0020	urs after death. Page 6 may be retained by the man where attending physicia
	Pon 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the manual attending physicia
	INSPIT

31. DATE FILED (Month, Day, Year)
DEC 10 92

32. REGISTRAR'S SIGNATURE

	FOR	OF MARK					_	35897			
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO					
1	1. DEOEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV JE	3. TIME OF DEATH			
	Kathryn E	Co	nahan			December		70 00 0			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	SIRTHPLACE (State or Foreign			
	577 07 7473		33 YRS.			Oct. 29,		ennsylvania			
a l	9a. FACILITY NAME (II not institution, give st Suburban Hospital				OR LOCATION OF DE	ATH	9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT			Bethe	sda	Monte	gomery				
JEC.	10a. STATE 10b. COUNTY		19c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
	Maryland Montg	omery	Ro	ckville				1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			10f	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
H H	199 Rollins Avenu	e, Apt. 501			20852		Unite	ed States			
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES				IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR C	DATES		2 NO Specify			Specify: White			
ED	15. DECEDENT'S EDUC		16a. DECEDENT'S			16b. KIND OF BU	SINESS/INDUST				
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT us	rork done during mo e retired.)	st of working	Depart	ment of				
MP	-	2	Administ	rative A	Assistant	Agricu					
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Meiden	Surname)				
BE	John Conahan					'Donnell					
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow		,			
	Joan Connor Lee	I		Willard Avenue, #2305 N., Chevy Chase, Md.2							
	1 M Burial 2 Cremetton 3 Removal from State										
	21. SIGNATURE OF FUNERAL REPVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. PINT										
	· 4 / 7	A MOC	0689	Home/R	Rockville	, Inc. 300	West	Montgomery			
	23 PART / Epige the diseases or o	Tow \		Avenue	, Rockvi	lle, Mary	land 20	850-2805			
	23. PART . Enter the diseases, or o	List only one cause on	ach line.	ot enter tha mo	de or dying, suci	se cardiac or resp	ratory strest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	0,,,	1	10	18/11	11		Onset and Death			
1	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF		rungs			6100			
z	Value and the same	P	esila	ila	/			6 days			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:	1			P			
2	CAUSE (Disease or injury	e Pe	Willes	liel 1	ulca	M-2		6 day			
E	that initiated events resulting in death) LAST	DUE TO (QR AS	A CONFIDENCE OF	ን፡				A			
		d	27/0								
1 - 1	PART II. Other aignificant condition	contributing to death	but not resulting i	n the underlying	g çause given in l	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDICAL	Merion	luster	Hear	t Die	101	1 YES 2		COMPLETION OF CAUSE OF DEATH?			
ME								1 YES 2 NO			
ä											
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Che	ack only one)					
×	1 TYES 2 NO	1 ☑ Inpetient 2 ☐ ER/Out		4 - Nursing Nom	e 5 🗆 Residence						
	27. MANNER OF DEATN 1 27 Natural 5 Pending	(Month, Day, Year)	28b. TIMI	URY WO	PRK?	28d. DESCRIBE NOW I	NJURY OCCUR	ED			
B	2 Accident Investigation	28e. PLACE OF INJUR	Y At home form a		YES 2 NO	201 LOCATION (Street	and Mumber or 6	hard Charles Marches			
8	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	icify)	areet, factory, orne		City or Town, State)	and Number or H	rural Houte Number,			
191	29a. CERTIFIER						ASSESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRE				
COMPLETE	anal .	CIAN: To the best of my known R: On the basis of aramination						use(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER		- Interesting	n, ar my opanion, o							
B	A TALL	Komors	MA		29c. LICENSE NUN	OO T	29d. DATE SI	SNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type.	Print)	010		/	- 1-1-			
	DAN182 PL	WERS M. S	50	W. Edi	LOWSTON	Of - Roy	kull	E nd 20852			
	31. DATE FILED (Month, Day, Year)	32. REGIŞTRAR'S SIGI				,,,,,		-)			

		FOR 1 - STATE REGISTRAR		CE	RTIFI		OF HEALTH AN		AL HYGIEN REG. NO				
			Jack Wil					2. DAT	OF DEATH	7 9	3. TIME OF OEATN A M		
pjn		4. SOCIAL SECURITY NUMBER 528-40-9235 9a. FACILITY NAME (If not institution, give s	1 X M 2 D F	6. AGE (In yrs. last i			/EAR IF UNDER 24 H MAYS HOURS MI	n. (Mo	E OF BIRTH ofth, Day, Year)	1933	BIRTHPLACE (State or Foreign Country) IItah Y OF DEATN		
1, 2, 3 should	CTOR	Suburban Hospit					nesda	OF DEATH		Montgomery			
permit. Pages	DIRECTOR		gomery		_	tomac	LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
St	FUNERAL	9901 Bluegrass					101. ZIP CODE 2085			II.S			
9 9	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI U.S. Air	YES 2 NO		lf y	S DECENDENT OF HI es, specify Cuban, M YES 2 NO S	exican, Puert	ilN? (Specify Ye o Ricen, etc.)	s or No 14	Black, White, etc. Specify: White		
ND 21215-	PLETED	15. DECEDENT'S EDU (Specify only higheat grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DEC (Give life. L	kind of w Oo NOT use		UPATION ing most of working	10	Sb. KIND OF BU		втяу		
MARYLAND 2121 TO SOUTH TO COMPANY TO USE 8 TO SOUTH TO COMPANY TO USE 8	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Oscar William	5+ Carlson	I_Ecc	nomi	st		S NAME (First	, Middle, Malden	GOV †			
	6	19e. INFORMANT'S NAME (Type/Print) Rene'e Carlson					grass Rd.				854		
Pector,		20a. METHOD OF DISPOSITION 1 Strict Burlet 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK		20b. PLACE AN cemetery, crem Park]	atory or oth	her placa) Memor	ON (Name of Cial Park ME AND ADDRESS O	12	/10 Ro		y or Town, State		
BALTIN after death. Pag by the funeral di moval.		Michael	e.M	Dan		Jos 513	seph Gawl 30 Wiscon	er's	ve.NW.V	Vashing	eton.DC 20016		
24 hours filled in b dion, or ref		23. PART 1. Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. UUT OF	HOSPI	MAL	CAL	201AC			iratory arres	Approximate interval Between Onset and Death		
BOX 687 cate be executed hysician and con a prior to burlat, or traumatic en	CERTIFICATION	1200 (b) CTS AN INTERTITION									2 DAYS Le WESKS		
RECORDS requires that the d en signed by the of Health and Me thows any Injury	MEDICAL	PART II. Other algnificant condition	a contributing to d	leath but not re	ouiting in	the unde	MELLI	n in Part i.	24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
F VITAL F SICIAN: The law of certificate has be the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	26. PLACE OF DEATH						
ISION OF V TTENDING PHYSICIA TOR: After this certif after death with the 28 is marked, or	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF It (Month, Day	(, Year)	28b. TIME INJU	JRY M	C. INJURY AT WORK?		EŞCRIBE HOW	INJURY OCCU	RED		
DIVISION L OR ATTENDING R DIRECTOR: After hours after death llem 28 is mar	ETED	3 Suicide 6 Could not be determined	building, et	INJURY — Al hom tc. (Specify)				CA	ty or Town, State)	Rural Route Number,		
HOSPITAL O FUNERAL DI within 72 ho	COMPL	2 MEDICAL EXAMINE									cause(a) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 to IMPORTANT: If	TO BE	2014 SUBMATURE AND TITLE OF CERTIFIES 30: NAME AND ADDRESS OF PERSON WA	nA	5	•	0.1.11	29¢. LICENSE	S3S	_	29d. DATE 5	SIGNED (Month, Day, Year)		
		KOCER STEUEN 31. DATE FILED (Month, Duy, Year)	SON, YR	'S SIGNATURE	64	10 R	RKLEAG	& DR	BE1	MESI	SA, NY 20817		
		DEC 08 '92	Julia Day	don't fred	4,0%						DHMH-18 Rev 1/89		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E LICEBITAL OD ATTENDAM DUVELLIAM. The law securios that the death partificate he securided utitalia 32 hours
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	1 - STATE REGISTRAR	SIAIE UF MAN			E OF DE		MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Las Mildred Ca	" MII llahan	LDRED BE	ELVA CA	ALLAHAN		2. DATE OF DEATH DOC . 04	19	3. TIME OF DEATH 9:59 a. M			
	4. SOCIAL SECURITY NUMBER 184-22-7134	1 🗆 M 2 🔀 F	AGE (In yrs. lest birt	thology) IF UNDI MONTHS		DER 24 HRS. 18 MIN.	7. DATE OF BIRTH Sept.15,1		L BIRTHPLACE (State or Foreign Country) PENNSYLVANIA			
TOR	9a. FACILITY NAME (If not institution, give Montgomery G	eneral Ho	spital	9b. CIT	Olney	ATION OF DI	EATH		tgomery			
DIRECTOR	10a. STATE 10b. COU	NTY	10	c. CITY, TOWN					10d. INSIDE CITY LIMITS?			
ERAL D	MARYLAND 1 100. STREET AND NUMBER	MONTGOMERY		WHE	ATON 101. ZIP C	ODE		10g. CITIZEN OF WHA				
FUNER	12823 MATEY RO	12. WAS DECEDENT EV	ER IN U.S. ARMED) 13		906 IT OF HISPAI	NIC ORIGIN? (Specify Yes		SA 4. RACE — American Indian,			
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1	uban, Mexica NO Specif	in, Puerto Rican, etc.) y:		Black, White, etc. Specify: WHITE						
LETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		(Give ki		during most of w	orking	16b. KIND OF BUS	INESS/INDU	STRY			
once.	17. FATHER'S NAME (First, Middle, Last)		LICEN	SED DA	Y CARE	OTHER'S NA	ME (First, Middle, Meiden	Sumeme)				
BE BE	IRA SUTER 19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRE		GERTR	UDE STAT	UFFER	Confe)			
to BE COM	RICHARD A. CALL	AHAN					ROCKVILLE,					
must	20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town											
medical examiner must	21. SIGNATURE OF PUBBRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME,											
lical es	23. PART I Enjoy the Diseases, or	complications that car	used the death.						SPR.,MD.20901			
nt, the med	IMMEDIATE CAUSE (Final death) PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):											
traumatic event, the	Sequentially list conditions,	ъ	AS A CONSEQUE									
other traun	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	AS A CONSEQUE									
5 E	that initiated events resulting in death) LAST	d							İ			
any Injury.	PART II. Other significent condition DIABETES M	ELLITUS	th but not resu	iting in the u	inderlying cau	e given in	Part i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
S shows a	HYPERTENSIO	N							1 YES 2 NO			
Item 23 SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	II.— WIII.—I	ОТНЕ		F DEATH (Ch	eck only one)					
5 >	1 TYES 2 THO 27. MANNER-OF DEATH	1 ☑ Inpatient 2 ☐ ER/ 26a. DATE OF INJU (Month, Day, Ye	JRY 28	DOA 4 No.	28c. INJURY A WORK?		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCU	RED			
Is marked, D BY PH	1 V Netural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not 8	28a. PLACE OF IN.	JURY — Al home,	M larm, street, fe	1 TYES	2 NO	281, LOCATION (Street a	and Number o	r Rural Route Number,			
28 T	4 Homicide determined	ounding, etc.					City or Town, State)					
MPORTANT: If Item D BE COMPLE	(Check only	YSICIAN: To the best of my interest on the basis of examination							i. cause(s) and manner as stated.			
IMPORT	296. SIGNATURE AND TITLE OF CERTIF	ul Fields,		(h	29c.	D34	740	29d. DATE	SIGNED (Morth, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON	PRINCE PHILL			y MD	20	832		-			
	31. DATE FILED (Morith, Day, Year) DFC 7 = 1992	Light Davidson		3								

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF D	EATH	REG.	NO.		
1. DECEDENT'S NAME (First, Miridio, Last)	ichael Dona	ld Callahai	n		2. DATE OF OEATH MONTH NOV. 29	1992	YFAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 195 20 4855	5. SEX 6. AGE			UNDER 24 HRS.	7. DATE OF BIRTH (Month Place Year 9-10-1		Country	LACE (State or Foreign
9ar-EACILITY NAME (If not institution, give :	street and number)	9	b. CITY. TOWN OR LO	OCATION OF DE			YTY OF DE	
Bowie Health C	are Center		Bowi	e	LW.	Pri	nce (eorges
Maryland Prin	ce Georges		owie					10d. INSIDE CITY LIMITS? 130 YES 2 NO
12609 Bunting L	ane		101. ZIP	20715			37 20	States
II. MARITAL STATUS I Never Married 2 Admiried I Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	8 2 NO	If yes, specify		IIC ORIGIN? (Specify n, Puerto Rican, etc. NO		14. RACE Black, Specify	- American Indian, White, etc.
15. DECEOENT'S EOU (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S US (Give kind of wor	k done during most of	working	16b. KINO OF	BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Heavy Eq	uipment (Operato	or Const	ructio	n	
7. FATHER'S NAME (First, Middle, Last)	•		18.		ME (First, Middle, Ma			
Ambrose A. Calla 9a. INFORMANT'S NAME (Type/Print)	anan	105 MAILING A	DDRESS (Street and A		R. Burke		Codel	
Glenna A. Callah	nan		Bunting					5
ROBERTHOD OF DISPOSITION ABurlel 2 Cremation 3 Rer I Donation 5 Other (Specify)		ob. PLACE ANO OATE Of cemetary, crematory or	other place)			LOCATION —		
H. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Resurrect	22. NAME ANO A	OORESS OF FA	CILITY	Clinto	Dell'India	yland
*Kont 8	J. Evan	y thos			uneral H	_		and 20715
IMMEDIATE CAUSE (Finel disease or condition reaulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					2	Onset and Dest
PART II. Other significant condition	one contributing to deeth	but not resulting in	the underlying ca	nuse given in		S AN AUTOPSY	246.	WERE AUTOPSY FINDINGS
						REFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: \/			E OF DEATH (C)	neck only one)			
1 YES 2 NO	1 Inpatient 2 ER/O	utpatient 3 🗆 DOA 4	OTHER:					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	296. KIMB	28c. INJURY WORK		28d. DEŞCRIBE H	ON INJURY OC	A	
3 Suicide 6 Could not be determined	28s. PLACE OF INJU building, atc. (S	RY — At home ferm, str	reet, factory, office		28f. LOCATION (SI City or Town, S		or Rural R	loute Number,
torion only	SICIAN: To the best of my kn NER: On the basis of axamina) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	AAM			D34	S85	29d, DAT	9 NE	(Month, Day, Year)
150W12	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Pufler	. 13	sourie	M	0.	
31. DATE FILEO (Morith, Dey, Year) DEC 0 3 19	92 Lika D	GNATURE Widson-Randa	le_		100	115		

16

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N				T OF H E OF			MENTAL HYGIEN REG. NO.	_		
1	1. DECEDENT'S NAME (First, Middle, Last)	ß			10		L- 10-0.		2. DATE OF DEATH MONTH , DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	NTEE		T				11 2		72ª	7:10 P
	4. SOCIAL SECONITY NUMBER	1 M 2 X F	6. AGE (In yrs. les	YRS.	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 1/13/11		Country	
	9a. FACILITY NAME (If not institution, give str	eet and number)			96. CIT	Y, TOWN O	R LOCATIO	ON OF DE			Was.	h.,D.C.
O.	Howard County	y Gen.	Hospit	al		Colu	umbi	a		Но	war	d
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	27 / 2				OR LOCAT						10d. INSIDE CITY
FUNERAL DIRECTOR	D.C.	N/A		\\v	Vash	ingt	ton					LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER			101, ZIP CODE								THAT COUNTRY?
NS I	1826 C St., I	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.		2000 ENDENT 0		IC ORIGIN? (Specify Yes		S.A	- American Indian,
BY FI	Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced		YES 2 X			If yes, spe 1 YES	ecify Cuba	n, Mexica	n, Puerto Rican, etc.)		Black	, White, etc.
	15. DECEOENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .	-	16b. KIND OF BUS	SINESS/IND	NUSTRY	DIUCK
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)]			during mos	st of workin	9				
MP	8th 17. FATHER'S NAME (First, Middle, Lest)			Unem	ірто	yea	40 00000			non	е	
	William Co	ontee							ME (First, Middle, Meiden V Stewart			
TO BE	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	oute Number, City or Town		Code)	
-	Mary McDonald			Same			10 a	bov				
	© Burial 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	val from State	20b. PLACE A cometery, cre Harr		Ab I I			11		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	· Lany	W. F.	ratt			H.S. 4925	was Bu	rro	gton & So ughs Ave	ons,	Inc. E.	•
	23. PART i. Enter the diseases, or co shock, or heart failure. L	omplications that list only one cau	t caused the de	ath. Do	not enter	the mod	da of dyi	ng, sucl	n aa cardiac or reapi	ratory arr	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death A DAYS											
- 1	_		OR AS A CONSEC		F):							4 Nave
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	QUENCE O	*							1 (1)
3	CAUSE (Disease or injury	FNIE	OR AS A CONSE	AL	UR	1441	24	TRA	CT INFE	77101	7	1 4 DAYS
CERTIFICATION	that initiated events resulting in death) LAST	00210	(OR AS A CONSEC	JUENCE U	т):							
2	PART ii. Other significant conditions	contributing to	death but not n	esuitina	in the u	ndertving	CRUSS	ni nevir	Part I. 24a, WAS AN	AITTOBEY	245	WERE AUTOPSY FINDINGS
CAL	CONGESTIVE HEAD								PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	SICK SINUS SYN	DEOME				FINA		EMEN	ATTA-	A LIO		OF DEATH? 1 YES 2 NO
ä												
PHYSICIAN: MED		HOSPITAL:	EB/Outpetient 2	□ 004	OTHE	R:			ack only one)			
¥	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	28b. TIM	_	28c, INJL WOF	URY AT	aldence	6 Other (Specify) 28d. DESCRIBE HOW II	UJURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆 Y	ES 2 [NO				
3 Suicide 6 Could not be deformined 28t. LOCATION (Street and Number or R City or Town, State)								or Rural R	oute Number,			
COMPLET	28a, CERTIFIER (Check only one)											
8	2 MEDICAL EXAMINER	: On the basis of ex	mination and/or I	investigatio	on, in my o	opinion, de						
8	296. SIGNATURE AND TITLE OF CERTIFIER	me, mc)			- 1		829		29d, DATE		(Month, Day, Year) 20/92
5	30. NAME AND ADDRESS OF PERSON WHO		SE OF DEATH (ITER	M 27) (Type	, Print)							
	JOSEPH GIBBONS	1				POLL	SR	0,	ELLICOTT	017	/ , 1	ND 21042
	DEC 0 4 199	2 Sun	A Davidson	-Aand	we							

	1 - STATE REGISTRAR		TE OF DEATH	WENTAL HYGIEN REG. NO.	E				
8	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DA		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday) IF UND	ER 1 YEAR F UNDER 24 HRS.	11 25 7. DATE OF BIRTH		HPLACE (State or Foreign			
ą.	225-76-0714 10 M2 XF	13 YRS. MONTH		(Month, Day, Year)	7 /9	COLUMN ICE			
	9a. FACILITY NAME (If not institution, give street and number)	96. CI	TY, TOWN OR LOCATION OF DE	EATH .	9c. COUNTY OF	DEPATH			
TOH	HOLY COSS HOSPITA	AL 5	ilver Spi	ing	mon	gamery			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN	. 11 11			10d. INSIDE CITY			
	100 STREET AND NUMBER	UXO,				1 VES 2 NO			
FUNERAL	1811 JARVIS Ave.		20145		UNITE UNITE	d States			
FUN	11. MARITAL STATUS 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married	2 XNO	3. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica		or No — 14. RAC Blac	E — American Indian, ck, White, etc.			
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR D	ATES	1 TES 2 NO Specify	r	B	lack			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL (Give kind of work dor	e during most of working	16b. KIND OF BUS	SINESS/INDUSTRY				
PLE	Elementary/Secondary (0-12) College #4-4 or 5+)	Administ	rative Sugar	ANdre	is Air	Force Base			
OM	17. ERTHERI'S HAME (First, Middle, Lang	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ME (First, Middle, Maiden		TO, CC POISC			
BE (George Arthur Young		mar	ie She	eers				
2	Laurence Ceasar	196. MAJUNO ADDRE	SS (Street and Number or Pural) ACVIS AUC	Poute Number, City or Yow • OXON 141	n, State, Zip Code)	0745			
	1 Burial 2 Cremation 3 Removal from State	D. PLACE AND DATE OF DISP getery, crematory or other place	OSITION (Name of	DATE 29c. LO	CATION — City or T	own, Stata			
	4 Donation 5 Other (Specify)	IDUN+ Inc	2. NAME AND ADDRESS OF FA	CHITY FEETON	erry cou	INFY-UT.			
	Drice Edwards		3730 DIN	Silver	121180	Sict.			
	23. PARTI. Enter the diseases, or complications that cause shock, or haart failure. List only one cause on a	d the daeth. Do not ent	ar tha mode of dying, suc	h aa cardiac or reapi	ratory arrest,	Approximate			
	IMMEDIATE CAUSE (Final	the A A				Interval Between Onset and Death			
	disease or condition a. Melanti put to lon as.	A CONSEQUENCE OF):	woma			2 MO			
z									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):							
IFIC	CAUSE (Disease or injury C.	A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST								
	PART II. Other algorificent conditions contributing to deeth	out not resulting in the	underlying ceuse given in	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
DICAL				1 TES 2		COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MED				_		1 TES 2 NQ			
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Out	patient 3 DOA 4 N	ER: lursing Home 5 - Residence	6 Other (Specify)					
PH	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED				
ВУ	2 Accident Investigation	Y — At home, farm, street, f	1 YES 2 NO	28f. LOCATION (Street a	and Number or Burel	Bruth Mumber			
4 Homicide determined building, etc. (Specify)									
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	viedge, death occurred at th	e time, data and place, and due	to the cause(a) and man	nner as stated.				
CON	one) 2 MEDICAL EXAMINER: On the basis of exeminate	on and/or investigation, in m	y opinion, death occured at the	time, data and place, an	d due to the cause	(a) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER)	29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Print)	1 + 3 - 7	0.1	11/2	25/92			
	JOSEPH HAGGERTY ND 1480 8		CANE # 21	2 Pockulu	e, MD	20850			
	JEC 12 1992 La variation N	MATURE							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	Page 5 mailtre featined builtre hospital or attention shoterian	direction, par 5 should in detached for use as the burial-transit permit. Pages 1, 2, 3 sh	er must be notified at oaks
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OUL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director parts after death with the State Debt, of Health and Mental Hynène pior to burial, cremation, or present	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the modical examiner must be notified at each

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH			3. TIME OF DE	ATH
	HAZEL K, CAL	DWELL							92	6:35	Ам
	219-36-3057	5. SEX 6. A	GE (In yrs. lest birthday) 103 YRS.	MONTHS DAY		(Mo	E OF BIRTH nth, Day, Year)		Country)		Foreign
	9a. FACILITY NAME (If not institution, ging :		103	9b. CITY. TOW	N OR LOCATION OF		OV.13,	1889-			
OR	National Lui	theran t	fone		KVILLE	DENTI				OMERY	
ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ν	10.00	Y, TOWN OR LO							
DIRECTOR	10e. STREET AND NUMBER 217 - WEST MAIN STREET 10f. ZIP CODE 21727 10g. CITIZEN OF WHAT I USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1/2 NO 1/2 Wes specify Cuban, Marken Punto Bleep, stc.) 17. Never Merried 2 Marked Pince Stc.) 18. Wes December 1 1/2 Wes process 1/2 Wes or No 1/2 Reck White 1/2 Wes specify Cuban, Marken Punto Bleep, stc.)										
HE I											
BY FU											
										LE	
(Specify only nighest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of working life. Do NOT use retired.]											
MP	12 17. FATHER'S NAME (First, Middle, Last)		SCHO	OL TE				UCATI	ON		
	GEORGE	KELLOGS			18. MOTHER'S N		Middle, Meiden		1221	FN	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rura						
2	REV.DR.REICHAR	D	9701-	VEIR	S DR.,R	OCKV	VILLE,	MD.20	850)	
	20a. METHOD OF DISPOSITION 1 ☐ Burlat 2 🏋 Cremation 3 ☐ Rem		20b. PLACE AND DATE (cemetery, cremetory or of		(Neme of	OA	TE 20c, LO	CATION — CITY	or Town	n, Stata	
	4 Donation 5 Other (Specify)	ENSEE	SUBURBA		MATORY AND ADDRESS OF F	11/	23 SI	LVER	SPE	RING,	MD.
	+ W. M. W	1 22 4			HYSONG	co.,					
	23. PART i. Enter the disease, or shock, or heart failure.	implications that You	sed the deeth. Do n	ot enter the	1300-N	STRE	EET.N.	W. W	ASI	Approxim	
	shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	TATHE	105Cleros A CONSEQUENCE OF	515					•	intervei I Onset an	Between
z		bol 10 (on A	S A CONSCOUENCE OF	·);							
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	OUE TO (OR A	S A CONSEQUENCE OF	7:						1	
5	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF								
E	resulting in desth) LAST	d		,.						i	
	PART II. Other significant condition	s contributing to deed	but not requision t							+	
SAL	Deme	Lia	i but not resulting i	n the underly	ing cause given is	Part I.	24a. WAS AN / PERFORI	WED?	A	VERE AUTOPSY I MAILABLE PRIOR COMPLETION DF	OT 9
						_	1 - YES 2	X NO	٥	F DEATH?	
PHYSICIAN: MEDI									'	YES 2	NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (C	heck only o	ne)				
HXS	1 YES 2 XNO 27. MANNER OF DEATH	1 Inpetient 2 ER/O	Y 28b, TIME	OF 28c. I	ome 5 Residence		er (Specify) SCRIBE HOW IN	HIEV COOLD			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJI	JRY 1	YORK? YES 2 NO	100.00	JOHNE HOW IN	SONT OCCUM	20		
ETED	3 Suicide 6 Could not be determined	26a. PLACE OF INJU building, atc. (S)	RY — At home, farm, st oecify)	treet, factory, of	fica	261. LOC	CATION (Street ar or Town, State)	nd Number or F	tural Rou	ite Number,	
7	29e. CERTIFIER (Check only	CIAN: To the best of my kno	owledge, death occurre	d at the time, de	te and place, and du	to the ca	use(a) and man	ner as stated.			
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of examinat	tion and/or investigation	ı, in my opinion	death occured at the	time, date	and place, and	due to the ca	iuse(a) a	nd manner as	stated.
	290. SIGNATURE AND TITLE OF CONTIFIES	1/ b u	M		29c. LICENSE NU	_		29d. DATE SI	GNED (M	fonth, Day, Year)	
	30 NAME AND ADDRESS OF PERSON WAY	COMPLETED SAUSE OF	DEATH (ITEM 27) /5	Defeat)	D33/	38		» //-	22	72	
	10 511 00 -1	075 DV.	Germa		n MD	- 5)anie	A-	51	alles	Mb
	DFC 02 '92		Parla 100								

ATAM

for use as the burial-transit permit, Pages 1, 2, 3 should u or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be marked TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 still be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First	Middle, Last) EUGEN	E	J.	COLLI	INS	JR.			MONTH	OF DEATH	AY	1992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	250	5, SEX							11	2	9 .		10:00 Am
	217-44-2879		1XXM 2 □ F	6. AGE (In yrs. la	YRS.	IF UNDER	DAYS	HOURS.	MIN.	7. DATE (Month)	Om Wood	1925	WASH	PLACE (State or Foreign by) INGTON D.C.
~	Da. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU						INTY OF D	DEATH	
DIRECTOR	4806 TOPPIN						ROC	CKVIL	LE			MON	NTGOM	IERY
Ä	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	ION						10d. INSIDE CITY LIMITS?
	MARYLAND 100, STREET AND NUMBER		TGOMERY		F	ROCKVILLE						1 TES 2 NO		
FUNERAL	4806 TOPPIN						10	ZIP CODE						WHAT COUNTRY?
N.	11. MARITAL STATUS	G KOAD	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	20852 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE —						E — American Indian,		
E	1 Nover Married 2 📉		FORCES? 1	YES 2 AR OR DATES		If yes, specify Cuban, Mexican, Puerto Rican, etc.) Bis						Blec	k, White, etc.	
Э ВУ	3 Widowed 4 Divo	proed	WW I				T [] TES	2 M 40	эрвину				Spec WH	ITE
Ä	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	(1	ECEDENT'S Sive kind of	work done			ng	16b.	KIND OF BU	SINESS/IN	DUSTRY	K.
COMPLETED	Elementary/Secondary (0	1–12)	College (1-4 or 5	+)	i. <i>do not u</i> INEER		TATTI		ENCE		CD/M (N 7 8 7 4	1777	
MO	17. FATHER'S NAME (First, M	liddle, Last)	4	ENG	LNEEP	LING	TMTI	_			EPT. (AVY	-
w	EUGENE J.	COLLIN	S. SR.						RRIE			CALBO	ΤТ(
TO B	19a. INFORMANT'S NAME (7			11	b. MAJLING	ADDRES	S (Street s				er, City or Tow			
F	CATHERINE T			FE)	4806	TOPP	ING	ROAD	RO	CKVI	LLE, N	1ARYI	LAND	20852
	20a. METHOD OF DISPOSIT ↑ Burial 2 □ Crematic	ION on 3 🗆 Rame	oval from State	20b. PLACE cemetery, cr	ematory or o	ther place)				DATE	1		City or To	
	4 □ Donetion 5 □ Other (Specify) GATE OF HEAVEN CEMETERY 12/2 SILVER SPRING, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE													
	> Stea	res 1). Stro	no C		FR	ANC	S J.	COL	LINS				INC.
	1500 UNIVERSITY BLVD. W. SIL. SPR., MD. 20901													
	ahock, or h	eert fellure.	List only one cer	use on eech lin	e.	not enter	tha MC	de or dy	ing, sucr	n wa caro	ac or resp	iratory ai	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. ADENOCAR CINOMA UNKNOWN PRIMARY 2 MONTH!													
	a. PDE TO (OR AS A CONSEQUENCE OF):													
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inju-	ING	G.			,								
E	that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):								
F	- Tourist III double and		1											
	PART II. Other algnifica	int condition	6 contributing to	death but not	resulting	In the ur	nderlyin	g cause g	given in I	Part I.	24s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
AEDICAL											1 TES 2	1		COMPLETION OF CAUSE OF DEATH?
ME										_				t YES 2 NO
Ä														
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	1.010000-11		OTHE	R:	- Ac		ick only one				
₹	1 YES 2 NO		1 Inputient 2		28b, TIN	_	sing Horr		sidence	8 Other		AL HARM OF	011050	
BY PI	1 Natural 5	Pending Investigation	(Month, D			JURY M	WC	PES 2	ON [280. DES	CRIBE HOW I	NJURY OC	CURED	
	3 Suicide 6	Could not be determined	28e. PLACE C building,	OF INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, offic			261. LOCA City o	TION (Street of Town, State)	and Numbe	r or Rural I	Route Number,
9	29a. CERTIFIER CERTI	DEVING PHYSI	CIAN: To the best of	mu knowledge d	enth occur	ad at the I	tes data	منابعة فنتم		A. Ab			Assor	
COMPLETED														s) and manner as stated.
8	296. SIGNATURE AND TITLE	OF CERTIFIEF	chule	m) -			29c. LICE	37 8	BER :	3	29d. DAT	TE SIGNED	(Month, Dey, Year) 30/92
2	ARDLYN	3. HE	NARICK	SE OF DEATH (ITE	M 27) (Type	Print) 8 (80	PHI	1510	LAN	SLA	NE	Ro	CKVILLE DOSSD
	31. DATE FILED (Month, Day, DEC 02	92	32 AGGISTA	RI'S SIGNATURE	ndett				,					

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)	_							2. DATE C				3. TIME OF DEATH	
	KATHERINE		HEN	ISLEY			CROW			NOVE	MBER W		1992	7:30 PM M	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	F BIRTH	20,	0. BIRTH	PLACE (State or Foreign	
	577-05-0828		1 🗆 M 2 😿 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	APRII	APRIL 14,		TEN	NESSEE	
	9a. FACILITY NAME (If not ins	titution, give st	reet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						NTY OF D	EATH	
OR		CTOR C	OURT			SILVER SPRING MON					MONTO	GOMERY			
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c CIT	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY			
E	MARYLAND	MON	TGOMERY			LVE		PRINC	,				LIMITS?		
	10e. STREET AND NUMBER	11011	IGOILLKI	-		LVLI		. ZIP COD				10g. CIT	CITIZEN OF WHAT COUNTRY?		
ER/	216 HILLMO	OOR D	RIVE						2090)1			JSA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13.			OF HISPAI	IC ORIGIN? (Specify Yes or No- 14. RACE -				— American Indian,	
BYF	1 Never Married 2 1 1 3,1 Widowed 4 Divor		IF YES, GIVE V	YES 2 X	INO			2 NO		n, Puerto Ri /:	can, etc.)		Speci		
	21	DENT'S EDUC												WHITE	
COMPLETED	(Specify only		ECEDENT'S Give kind of le. Do NOT u	work done	during mo		ing	16b.	KINO OF BUS	SINESS/INI	DUSTRY				
2	Elementary/Secondary (0-	·)		·				Ι,	ZT TO O						
8	17. FATHER'S NAME (First, Mic	ddle, Last)		LSE	CRETA	RI		18. MOT	HER'S NA		VITRO	Sumama)			
	TOHN I	HERSCH	EI HEN	SLEY					ATE	SU		ETTEY	7		
BE	19a. INFORMANT'S NAME (Ty				9b. MAILING	ADDRES	S (Street a				r, City or Tow			_	
유	MARGARET	GAR	DNER	II.	2207	VIC	OR (COURT	r, si	LVER	SPRI	NG, M	íD 20	906	
20a. METHOD OF DISPOSITION 1										OATE		CATION —	City or To	wn, State	
	4 Donation t Other (Specify) FT. LINCOLN CEMETERY 12/4 BRENTWOOD, MD											D			
	FRANCIS J. COLLINS FUNERAL HOME, I 500 UNIVERSITY BLVD., W., SIL. SP.											INC.			
	23. PART I. Enter the dis	seeses, or c	omplications the	t coused the d	leeth. Do							-		Approximate	
	shock, or heert failure. Like only one ceuse on each line. IMMEDIATE CAUSE (Final														
	disease or condition resulting in death)	→ .	exol	hozed	0	are	yon	مسمد						year	
			DUE TO	(OR A CONSI	EDUENCE O	F):									
z l	Sequentially list condition	ons.													
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN	iate	OUE TO	(OR AS A CONSI	EQUENCE O	F):									
FIC	CAUSE (Disease or injur		DUE TO	(DR AS A CONSI	EQUENCE O	F):									
E	resulting in death) LAST		ı.												
	PART ii. Other significer	t condition	. contribution to	death but not	an au lêta a	In the co				D. 44					
EDICAL	TANT II. Other significer	it condition	- contributing to	deeth but not	resulting	in the u	naeriyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
										— I	1 YES 2	□ NO		OF DEATH?	
2										-			1	1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					28. PL	ACE OF D	DEATH (Ch	eck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:		_	6 Other					
ž	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIN		28c. INJ				RIBE HOW I	NJURY OC	CURED		
BY F		ending restigation	(moral, D	ey, roer,		M	_	YES 2 [NO						
	3 Suicide 8 C	Could not be	28e. PLACE D building,	F INJURY — At h	ome, farm,	street, fac	tory, offic				TION (Street of Town, State)	and Numbe	r or Aurel F	loute Number,	
ETE	4 Homicide d	etermined									, , , , ,				
7	(Check only one)	FYING PHYSIC	CIAN: To the best of	my knowledge, d	leath occurr	ed at the	time, data	and place	, and due	to the caus	e(a) and mar	ner as sta	ted.		
COMPLETED	2 MEOIC	CAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	on, in my	opinion, d	leath occu	red at the	time, date a	and place, an	d due to ti	he cause(s) and manner as stated.	
BE	296 SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
2	· Mary /	VVC	MD					00	780	3 6		P (2/1	19~	
	2 / 2 /	Med 1	CAL	PARI	EM 27) (Type	Print)	#6	5	,'(ve,	R 5	DP	ala	5. MA 20902	
1	31. DATE FILEO (Month, Day, Y	bar)	32. REGISTRA	R'S SIGNATURE					-		U				

etained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 6 mg be stained by the attending physician and completely filled in by the funeral direction page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Bey 1/8

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31. DATE FILED (Month, Dey, Year)

DFC 7 _ 1992

Jula Dandson-Mander

AND 21215-0020	the hospital or attending physician.	be detached for use as the burial-trans	at once,
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MANY AND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than 18 may be minimum or manning providing the manning or manning providing the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, pace setting for use as the foundation or female within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							92	35906
	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART	TMENT OF I	EALTH AND	MENTAL HYGIEN	-	
	1. DECEDENT'S NAME (First, Middle, Last) MARION 4. SOCIAL SECURITY NUMBER	MARLON ELI	ZABETH	CON		2. DATE OF DEATH	199	3. TIME OF DEATH 2 5 430 P, M
	578-07-6918	1 - M 2 XF 8.	yrs. fast birthday)YRS.	MONTHS DAYS	HOURS MIN.	JAN. 27,	1907	BIRTHPLACE (State of Foreign Country) WASHINGTON, DC
TOR	9e. FACILITY NAME (If not institution, give stree MERIDIAN NURSING RESIDENCE OF DECEMENT				R SPRING		9c. COUNTY MONT	OF DEATH CGOMERY
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	FION			10d. INSIDE CITY LIMITS?
	MARYLAND MONT	TGOMERY	KE	ENSINGTO	N ZIP CODE		T 40- OUTST	1 TES 2 NO
FUNERAL	4006 SPRUELL DRI			10	i. zir cobe	20895	USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2X NO	71 yes, sp	ecify Cuban, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yes can, Puerto Ricen, atc.) lfy:	8 or No- 14	. RACE — American Indian, Black, White, etc. Specify: WHITE
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION Inpleted)	Sa. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during me	ON st of working	16b. KIND OF BU	I ISINESS/INDUS	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			E OPERA	TOR GOVER	NMENT	
BE CO	17. FATHER'S NAME (First, Middle, Last)	Ш			18. MOTHER'S N	AME (First, Middle, Melder, ANNIE	Surname) E.	WALKER
TO E	19a. INFORMANT'S NAME (Type/Print)					I Route Number, City or Tox		
	20s. METHOD OF DISPOSITION	CONWAY 20b. PI	ACE AND DATE OF	F DISPOSITION (Na	me of	KENSINGTON DATE 20c. LC		0895
	1 Suriel 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	cemete	EDAR HIL	L CEMET	ERY	1 -	ITLAND,	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	t Cole		FRANC	IS J. CONTROL	OLLINS FUNI	ERAL HO	OME, INC. L. SP., MD 2090
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	plications that caused the	na death. Do no					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Corebr DUE TO (DR AS A CO	al l	Jasen	lar 1	Acciden	71	Onset and Death
NOI	Sequentially list conditions, if sny, leading to immediate	Cereb Re	il Va	25cm/a	R D	Seases		YEARS
ICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	DIE 70 (00 10 10 10						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF)					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of Periphera	contributing to death but 1. Va.S. cial.				1 Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C)	heck only one)		
IYSI		OSPITAL: Inpatient 2 ER/Outpatie 28s. DATE OF INJURY	mt 3 🗆 DOA .			6 Cher (Specify)		
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED :
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, larm, str	reet, factory, office)	261. LOCATION (Street City or Town, State)	and Number or F	tural Floute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one)	N: To the best of my knowledge. On the bests of examination ar	ge, death occurred	st the time, date	and place, and due	e to the cause(s) and man	nner sa stated.	luse(a) and manner as stated
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	. 12	70.0		29c. LICENSE NU			GNED (Month, Day, Year)
임	40. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Spe. F		P53	5 17	12/	5/42_
	KILL BEMAN	K MIN	11/15	Police	170	2 7/ 0 - 7		m / nasel

AND 21215-0020

BALTIMORE, MAR

BOX 68760,

P.O.

DIVISION OF VITAL RECORDS.

THE DE

hours after death. Page it may be ed in by the funeral director, page HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and competely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati marked,

92 35907 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH 12/2/92 VEAR Cleland Combs 4:00 A.M.M S. SEY 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR _ IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🕅 M 2 🗆 F 577-07-0094 96 VRS West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 3201 Regina Drive Silver Spring Montgomery 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Wheaton 1 X YES 2 NO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11901 Georgia Avenue 20902 United States 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 - YES 2 X NO Specify: Specify: WhitE BY 3 Widowed 4 Divorced COMPLETED 15. OFCEOENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 Maintenance Woodward&Lothrop-Retail 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin A. Combs BE Sarah Brock 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 12808 Falmouth Dr. SilverSpring, Maryland 20904 June Crowder 20g. METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Parklawn Memorial Park 2-4-92 Rockville, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL/SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Hore 11800 New Hampshire Ave. Silver Spring, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory street, Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition neumorua resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEOL heart failurs if any, leading to immediate MUSTELLE TO (OR A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFFRRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 50 ETED 6 Could not be determined 4 Homicide 28 Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as steted. PORTANT: 296. SIGNATURE AND TITLE OF CERMINER 29d. DATE SIGNED (Month, Day, Year) BE 38 9 ule 2 2 2 3 2

2415 Muserove Road, Silver Spring, Maryland 20904 Dr. Richard P. Delaney. 31. DATE FILED (Month, Day, Year)
UEC 08 92 32. DEGISTRAR'S SIGNATURE

Julia Vavidson Randell

28 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

espital or attending physician.

BALTIMORE, MARYLAND 21215-0020

ours after death. Page 6 may be imp TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 fours after death. Page 6 may be in 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	IEALTH AND	MENTAL HYGII		33700
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MARGARET KRAM	M COSTELLO				December	6. 19	92 10 30 A M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year,		BIRTHPLACE (State or Foreign Country)
	578-62-2415		9() YRS.			Sept. 1	1,1902	Washington, D.
œ	9e. FACILITY NAME (If not institution, give :	CHAN ARES			OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH
DIRECTOR	5616 Marengo Road	1	I	Betheso	la		Mont	gomery
REC	10s. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCAT	TION			10d. INSIDE CITY
ā		gomery	Bethe	esda				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	_			ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
NEI	5616 Marengo Road		V. W. 1-1-1		20816		USA	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2- NO	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify an, Puerlo Rican, etc.)	Yea or No- 1	4. RACE — American Indian, Black, Whita, etc.
ВУ	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ATES	1 YES	2 NO Speci	<i>fy</i> :		SpecMy: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USL (Give kind of work			16b. KIND OF	BUSINESS/INDU	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rei	tired.)	st or working			
MP	12		homema	ker			home	
	17. FATHER'S NAME (First, Middle, Lest) Gregor Kramm					AME (First, Middle, Meid		
띪	19a. INFORMANT'S NAME (Type/Print)		T 105 MAIL ING ADI	DESC (Drawn)		et Baumanr		
2	Margaret M. Cost	0110				hesda, Ma		
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE OF D	SPOSITION /No	me of	DATE 200	OCATION C	to de Terres Chat-
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State cem	etery, cremetory or other late of Hea	ven Ce	metery 1	2-9-92 Si	lver S	nring. Md
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA	CILITY		
	1 John L	1/1/				Home - Wanne,		on, DC 20007
	23. Port I. Enter the diseeses, or	complications that ceused	the deeth. Do not	enter the mo	de of dying, suc	ch as cerdlec or re	INW apiratory arres	st, Approximate
	ahock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ceuse on e	ech line.					Interval Between Onset and Death
	disease or condition resulting in death)		consequence of:	- Yu	are 1	arlune		2464
Ì	,	DUE TO (OR AS A	CONSEQUENCE OF):		t			24100
S	Sequentially list conditions,		allere,	elu	ofer -	tran	deser	- 1046
AŢ	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	consequence of):	01. 1	. Train			21.4
FIC	CAUSE (Disease or injury that initiated events	CDUE TO (OR AS A	CONSEQUENCE OF):	ence				Lytus
CERTIFICATION	resulting in death) LAST	4						
	PART II Other significant condition	a contribution to death b				-		
3	PART II. Other algnificent condition	a contributing to death bi	ut not reaulting in th	ne underlying	cause given in	Part I. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED						1 X YES	2 NO	OF DEATH?
Σ						_		1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (C)	ack note one)		
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpet		HER:		6 Other (Specify)		
훘	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT	28d. DESCRIBE HOV	Y INJURY OCCU	RED
ВУ	1 X Natural 5 Pending 2 Accident investigation	(, , , , , , , , , , , , , , , , , , ,		ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Speci	- At home, farm, street	t, factory, office		28f. LOCATION (Stree City or Town, Sta	et and Number or	Rural Route Number,
릴		CIAN: To the beat of my knowle						
COMPLETED	2 MEDICAL EXAMINE	R: On the beals of examination	and/or investigation, in	my opinion, de	eath occured at the	time, data and place,	end due to the	cause(s) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED		A 1		29c. LICENSE NUI	4	29d. DATE S	BIGNED (Month, Day, Year)
10	nam	Yeune	1		D 356	47	Dec	ember 6, 1992
	30. NAME AND ADDRESS OF PERSON WH							
	Frank A. Finnert	y, Jr, MD - 2 22. REGISTRAR'S SIGNA	1910 Massa	chuset	ts Avenu	e, NW, Wa	shingt	on, DC 20016
	DEC 08 '92	Fisha Davidson	Pands M.					
	510 0 JZ	The state of the s						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

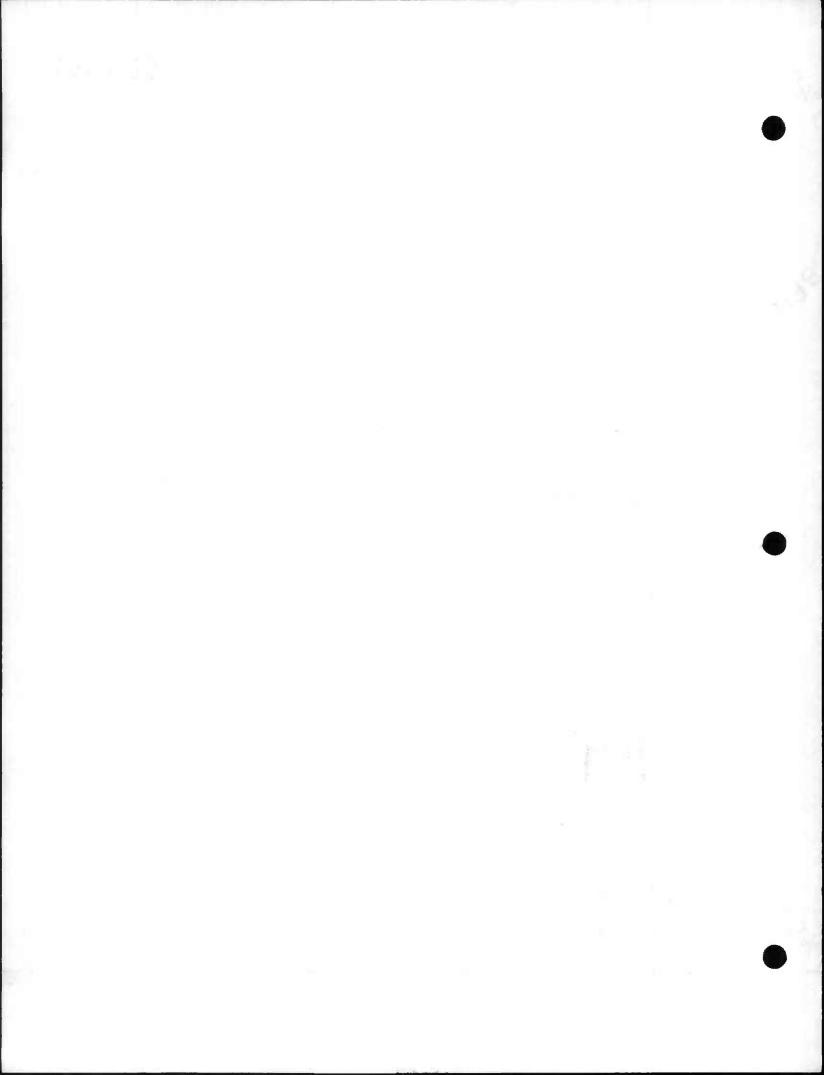
	REGISTRAR		CE	ERTIF	ICATE	OF	DEATH	F	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	Shirley Harr	ras Dor:	sev					Decem	ber		YEAR 992	9:09 A M
	4. SOCIAL SECURITY NUMBER		SE (In yrs. lesi	t birthday)	IF UNDER 1 Y	/EAR	IF UNDER 24 HRS.	7. DATE OF		J, 1		IPLACE (State or Foreign
	578 05 6865	1 🗆 M 2 💢 F	73	YRS.		MY8	HOURS MIN.	(Month, De	y. Year)	210	Count	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9h CITY TO	OWN C	R LOCATION OF DE		2, 1.		INTY OF E	
E .	4300 Ambler Drive				100		ngton			7.77	ntgo	
12	RESIDENCE OF DECEDENT											
ĬĮ.	10a. STATE 10b. COUNT	1		10c, CIT	Y, TOWN DR	LOCAT	ION					10d. INSIDE CITY
ā	Maryland Mont	gomery		K€	ensing	to	n					LIMITS?
A	10s. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	4300 Ambler Drive	9					20895			U:	nite	d States
3	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WA	S DEC	ENDENT OF HISPAN	HC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indian,
E.	1 Never Married 2 Married	FORCES? 1 YI		Ю	If y	es, spi	2 KNO Specifi	n, Puerto Rica			Blac	k, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced				1	120	2 [Aito Special				Spec	White
6	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DE	CEDENT'S	USUAL OCC	JPATIC	ON .	16b. KIA	ID OF BUS	SINESS/IN	DUSTRY	,,,,,
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT us	work done duri se retired.)	ing mo:	st or working					
J J	12	_		Home	maker			1	Own	n Hon	ne	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Midd	le, Malden	Surname)		
BE (Paul August Harra	ıs					Emma Pa	auline	Pete	ersor	า	
	19e. INFORMANT'S NAME (Type/Print)		198	. MAILINO	ADDRESS (S	treet a	nd Number or Rural I	Route Number, (City or Tow	n, Statu, Zi	p Code)	
5	Robert E. Dorsey,	Jr.	7	745 W	. Myr	tle	Street,	Litt.	lest	own,	Pa.	17340
	20s. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITION	ON /Na	me of	DATE	20c. LO	CATION -	City or To	own, Stata
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Codar	matory or o	ther place)	at a	ry 12-1	2-92	Sui	tlan	d. M	arvland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ,	ccuar	44.1.4.	22. NA	ME AN	D ADDRESS OF FA	CILITY RO	pert.	A. I	Pumpl	rey Funeral
	· \// /\=	24/\	MC	0689	Hom	e/E	Bethesda-	-Chevy	Chas	se,	Inc.	7557
$\overline{}$	My A	all	233		Wis	cor	sin Aver	nue, Be	ethe	sda,	Mary	land 20814
	23. PART I. Enter the diseases, or o	complications that deus	sed the de	ath. Do r	not enter th	a mo	de of dying, suc	h aa cardlec	or reap	ratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	,,		•								Onset and Death
	disease or condition resulting in death)	. Obstructi	ive Pr	eumo	nia							2 Months
	•	DUE TO (OR A	S A CONSEC	DUENCE OF	F):							
Z	Sequentially list conditions. Lung Carcinoma, Adenocarcinoma 18 Months											
CERTIFICATION	If any, leading to immediate											
2	CAUSE (Disease or injury	c										
E	that initiated events resulting in death) LAST	DUE TO (DR A	S A CONSEC	WENCE OF	F):							
EH	Todatily Exst	d										
	PART II. Other significent condition	s contributing to deet	h but not re	esulting	In the unde	rivino	cause given in	Part I. 24	. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
EDICAL		- 52							PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
								- 1	YES 2	₩ NO		OF DEATH?
Σ								_				1 TYES 2 ND
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Ch	eck only one)				
YS	1 TES 2 X NO	1 inpatient 2 ER/O			4 🗆 Nursing	Hom-	s 5 KResidence	6 🗆 Other (Sp	eclfy)			
표	27. MANNER OF DEATH	(Month, Day, Yee		28b. TIM INJ	URY		URY AT RK?	28d. DESCRI	BE HOW I	NJURY OC	CURED	
B∀	1 Natural 5 Pending 2 Accident Investigation						res 2 ND					
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	JRY — At hor ipecify)	me, farm, s	street, factory	, office		261. LOCATIO	N (Street a	and Numbe	r or Rural I	Route Number,
	4 Homicide determined											
3	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, dec	eth occurre	ed at the time	, date	end place, and due	to the cause(e) and mar	ner as sta	rted.	
COMPLETED		R: On the basis of examine										s) and manner as stated.
- 11	296. SIGNATURE AND TARCE OF CENTIFIES			1.000			29c. LICENSE NUN					(Month, Day, Year)
8	L Sum	1					D26992					nber 9, 1992
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF	DEATH (ITF	4 27) (Tvpe	Print)		-00336				,	5, 1552
1						. +	Augusta I	606 7/	on si	na+-	n MA	20895
	Kathryn Siena Kiry	# 32. REGISTRAR'S SI	CONATURE	COIIII	CCTCL		avenue #	000, K	CHST	119 00	II, MA	. 20093
	DEC 10 '92	12. REGISTRAR'S SI	-Angel									
	DLU JU JZ	/1	The Person Name of Street, or other Persons Name of Street, or oth									

may be received by the hospital or attending physician. Cases 5 should be seen a stream to be seen 1, 2, 3 should BALTIMOBE, MARYLAND 21215-0020

ed at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page In TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral discuss be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner management. DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 2/215-8020	15-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or approach of the may be retained by the may b	after death. Page 6 may be retained by the hospital or up-	wending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detacthed or unsernoval.	and the territoristic permit. Pages
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	lical examiner must be notified at once.	,

1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF HEALTH CATE OF DEAT		NTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DE	EATH
	MINN	IE Show	I	Davis	'	HTMONTH DA	- 97	EAR II O	É DH
	4. SOCIAL SECURITY NUMBER		yrs last birthday)	IF UNDER 1 YEAR IF UNDER		DATE OF BIRTH	6.	BIRTHPLACE (State or	Foreign
	577-62-2071 9a. FACILITY NAME (If not institution, give	1 D M 2 D F 94	YRS.	9b. CITY, TOWN OR LOCATE	SI	(Month, Day, Year) EPT. 5,18	398 PI	ENNSYLVAN	
RECTOR	HOLY CROSS HOSPI	,		SILVER S			9c. COUNTY MON'	rgomery	
l Di	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry	10c, CITY,	TOWN OR LOCATION				10d. INSIDE C	ITY
5		/A	1 1 1 1	INGTON, D.C	J			LIMITS?	
Z Z	10e. STREET AND NUMBER			10f. ZIP COD	E		10g. CITIZEN	OF WHAT COUNTRY	7
FUNERAL	1500 LOCUST ROAD	4		2001			USA		
5	11. MARITAL STATUS 1 Never Married 2 Narried	12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO	13. WAS DECENDENT O			or No- 14.	RACE — American In Black, White, etc.	ndian,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES T	1 TYES 2 X NO	Specify:			Specify: WHITE	
0	16. DECEDENT'S ED	JCATION 1	16a. DECEDENT'S U	SUAL OCCUPATION		16b, KIND OF BUS	INESS/INDUS		
1	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during most of worldi retired.)	ng				
기로		2	CLERK			FEDERAI	GOVE	RNMENT	
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NAME (First, Middle, Maiden		201242012	
E W	GEORGE W. SHOUP			M	IARY	KATZ			
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and Number	or Rural Route	Number, City or Town	n, State, Zip Co	de)	
2 1	WILLIE B. DAVIS	(HUSBAND)	1500 LC	CUST ROAD,	N.W. V	VASHINGTO)N, D.(C. 20012	1
5	20a. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Ren	novel from State 20b. P	PLACE AND DATE OF	DISPOSITION (Name of		OATE 20c. LO	CATION — City	or Town, Stata	
Ĕ	4 Donation 5 Other (Specify)		ORT LINCO	OLN CEMETERY			TWOOD	, MARYLAN	D
examiner must be nounced at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		FRANCIS J.			PAT HO	ME INC	
	Linoth	wol Caux	week	500 UNIVER					901
event, the med	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A C	of ex	2 Subs				Interval Onset a	Between and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A C							
MEDICAL CI		ns contributing to death but	t not resulting in	the underlying cause ;	given in Part	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2 [OR TO OF CAUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF D	EATH (Check o	nly one)			
5 ≥	1 VES 2 NO	1 Inpatient 2 FR/Outpati	tent 3 DOA 4	Nursing Home 5 Re					
E E	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WORK?	-	I. OESCRIBE HOW II		4	
B B	2 Accident Investigation	12-6-92	6	F 10 163 29	NO		المصا		- 50
TED BY PH	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify	()	eet, factory, offica	7.4	City or Town, State)	euct	RL Nu	-
O BE COMPLET		SICIAN: To the best of my knowled ER: On the basis of axamination a							
Ш	296. SIGNATURE AND TITLE OF CERTIFIE	я		29c. LIC	ENSE NUMBER		29d. DATE SI	GNED (Month, Day, Yes	ar)
BE C	206-E	Sand	11-2	> D	085	46	112	-6-6>	
₽	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, F	Print)	- 6	1	12	- 12	Row
	ahn T	an ber	821	Q (1) (5)	En S	in	Acra	Toot	have
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE		42 4 44 444	, ,		1	
	DEC 10 '92	Sulia Davidson A	andell.						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in the law requires that the death certificate be executed within 24 hours in the law requires that the death certificate be executed within 24 hours in the law requires that the death certificate be executed within 24 hours in the law requires that the death certificate the executed within 24 hours in the law requires that the death certificate the executed within 24 hours in the law requires the law requires that the death certificate the executed within 24 hours in the law requires that the law requires the law requires that the law requires the la	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the name of the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining	į
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4. SOCIAL SECURITY NUMBER 047-12-9719 1	Nontgomery 10d. INSIDE CITY LIMITS? 1 12 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Black, White, etc. Specify: White ESS/INDUSTRY University Robillard	REG. NO. ATE OF DEATH ONTH DAY OV 30, 199 ATE OF BIRTH Aorth, Day, Year) 9c. COUN' MON 10g. CITIZ Uni	PEDEATH 2. DA MO NO R FUNDER 24 HRS. 7. DA R HOURS MIN. DE TO OR LOCATION OF DEATH THESTA CATION DD 101. ZIP CODE 33431 DECENDENT OF HISPANIC ORNIC	SF UNDER I YEAR MONTHS DAYS Sb. CITY, TOWN Beth TY, TOWN OR LOCAL CA RATOR	JR. (In yrs. lest birthdey) (4 Yrs.	DESSUREAU, 5. SEX 6. AM 1 M 2 D F	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leat) ALBERT J. 4. SOCIAL SECURITY NUMBER 047-12-9719				
1. DECEDENT'S NAME (First, Middin, Last) ALBERT J. DESSUREAU, JR. 4. SOCIAL SECURITY NUMBER 0.47-12-9719 10. M2 0 64 10. M2 0 64 10. M2 0 64 10. M2 0 64 10. M2 0 64 10. SERBET AND NUMBER 2. DECEDENTY 10. COUNTY FLORISH TYRN 10. CITY, TOWN OR LOCATION OF DEATH 10. STREET AND NUMBER 2. DECEDENTY 10. STREET AND NUMBER 2. M2 1 10. COUNTY FLORISH TYRN 10. STREET AND NUMBER 2. M2 1 10. COUNTY 10. STREET AND NUMBER 2. M2 1 10. COUNTY 10. STREET AND NUMBER 2. M2 1 10. COUNTY 10. STREET AND NUMBER 2. M2 1 10. COUNTY 1. MARITAL STATUS 1. MA	1992 6:00 A M a. BIRTHPLACE (State or Foreign Country) CONNECTICUT COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Black, White, etc. Specify: White ESS/INDUSTRY University Robillard	ATE OF DEATH DAY ONTO 199 ATE OF SHITH Horith, Day, Year) Sec. 30, 1927 9c. COUNT MON	2. DA MO NO NO NO NO NO NO NO NO NO NO NO NO NO	BE UNDER I YEAR MONTHS DAYS 96. CITY, TOWN Beth TY, TOWN OR LOCAL CA Rator	JR .: (In yrs. lest birthday) 54 YRS.	5. SEX 6. And 1 M 2 F	1. DECEDENT'S NAME (First, Middle, Leat) ALBERT J. 4. SOCIAL SECURITY NUMBER 047-12-9719				
ALBERT J. DESSUREAU, JR. A. SOCIAL SECURITY NUMBER 047-12-9719 10	1992 6:00 A M a. BIRTHPLACE (State or Foreign Country) CONNECTICUT COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Black, White, etc. Specify: White ESS/INDUSTRY University Robillard	ONTH 30, 199 ATE OF BIFTH Horift, Day, Year) PC 30, 1927 9c. COUNTMON MON 10g. CITIZ Uni HGIN7 (Specify Yes or No—	R F LINDER 24 HRS. 7. DATE (MM De TN OR LOCATION OF DEATH CATI	Beth TY, TOWN OR LOCAL CA RATOR	(In yrs. lest birthday) 4 YRS.	5. SEX 6. And 1 M 2 F	ALBERT J. 4. SOCIAL SECURITY NUMBER 047-12-9719				
4. SOCIAL SECURITY NUMBER 047-12-9719 1 M 2 F 64 1	a. BIRTHPLACE (State or Foreign Country) CONNECTICUT CONNECTICUT COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY LIMITS? 1 12 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Biack, White, etc. Specify: White ESS/INDUSTRY University Robillard	ATE OF BIRTH Horth, Day, Year) CC 30, 1927 9c. COUNT MON 10g. CITIZ Uni HGIN? (Specify Yes or No— Into Rican, etc.)	R F UNDER 24 HRS. 7. DA: R HOURS MRN. DE TN OR LOCATION OF DEATH The Sda CATION D101. ZIP CODE 33431 DECEMBENT OF HISPANIC ORN	Beth TY, TOWN OR LOCAL CA RATOR	(In yrs. lest birthday) 4 YRS.	5. SEX 6. And 1 M 2 F	4. SOCIAL SECURITY NUMBER 047–12–9719				
1 March 1982 19	27 Country Connecticut Decountry of DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 [2] YES 2 [] NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Black, White, etc. Specify: White ESS/INDUSTRY University Traine) Robillard	10g. CITIZ Uni HGIN? (Specify Yes or No— HGIN, Day, Year) 10g. CITIZ Uni	IN OR LOCATION OF DEATH THE STATE OF HISPANIC ORN	Beth TY, TOWN OR LOCAL CA RATOR	54 YRS.	1 M 2 F					
See FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION 108. CITY, TOWN OR LOCATION 109. CITY 108. STREET AND NUMBER 212.1 NOrth Ocean Blvd #1203-E 11. MARITAL STATUS 11. More Married 2 Merried 12. Mes DECEDENT VER IN U.S. ARMED 13. MES DECEDENT OF HISPANIC ORGANY (Sepectry Ves or No- 16. PORCES? 1 1/2 VES 2 NO 17. Mes DECEDENT'S EDUCATION 18. DECEDENT'S EDUCATION 18. DECEDENT'S EDUCATION 19. DESCRIPTION 19. METHOD OF BUSINESS, FIND 19. MAILING ADDRESS (Street and Number or Paral Florins Number, City or Town, State, Zep 19. MAILING ADDRESS (Street and Number or Paral Florins Number, City or Town, State, Zep 19. MAILING ADDRESS (Street and Number or Paral Florins Number, City or Town, State, Zep 19. MAILING ADDRESS (Street and Number or Paral Florins Number, City or Town, State, Zep 19. MAILING ADDRESS (Street and Number or Paral Florins Number, City or Town, State, Zep 20. METHOD OF DISPOSITION 10. Burdel 2 XX Premation 3 Removal from State 20. METHOD OF DISPOSITION 21. SIGNATURE OF QUEENAL SERVICE LICENSEE 19. MOD827 22. NAME AND ADDRESS of FACILITY Rapp Funeral Services, P. A. 23. PAFT I. Effer the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory are shock, or heart feiture. List only one cause on each line. 10. MEDIATE CAUSE (Final disease or condition resulting in death) 24. Decared 25. Decared 26. CONTROL 27. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 28. MOD827 29. PAFT I. Effer the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory are shock, or heart feiture. List only one cause on each line. 18. MOTHER'S NAME (First, Middle, Maiden Surmane) 29. PAFT I. Effer the disease, or compilications that caused the de	Montgomery 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Black, White, etc. Specify: White ESS/INDUSTRY University Robillard	9c. COUNT MON 10g. CITIZ Uni HGIN7 (Specify Yes or No—	CATION On LOCATION OF DEATH CATION On LOCATION 101. ZIP CODE 33431 DECEMBENT OF HISPANIC ORN	Beth ry, TOWN OR LOCA ca Rator	94	reet and number)					
State Topical State To	Montgomery 10d. INSIDE CITY LIMITS? 1 Q YES 2 D NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Black, White, etc. Specify: White ESS/INDUSTRY University Traine) Robillard	MON 10g. CITIZ Uni Uni HGIN? (Specify Yes or No— Into Rican, etc.)	CATION On 101. ZIP CODE 33431 DECEMBENT OF HISPANIC ORN	Beth ry, TOWN OR LOCA ca Rator	10c. CIT	,					
10e. STREET AND NUMBER 2121 NOTTH OCEAN BIVE #1203-E 11. MARITAL STATUS 1 Nover Married 2 Merried 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 Nover Married 2 Merried 13 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16. VES 2 Nover Married 2 Nover Married 15. DECEDENT'S EDUCATION 16. VES 2 Nover Married 2 Nover Married 17. FATHER'S NAME (First, Mickide, Last) 18. DECEDENT'S USUAL OCCUPATION 19. DECEDENT'S USUAL OCCUPATION 19. DECEDENT'S USUAL OCCUPATION 19. DECEDENT'S USUAL OCCUPATION 19. DECEDENT'S USUAL OCCUPATION 19. DECEDENT'S NAME (First, Mickide, Maiden Surmarre) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Street, Zep 19. INFORMANT'S NAME (First, Mickide, Maiden Surmarre) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Street, Zep 20. METHOD OF DISPOSITION 1 DESCRIPTION 20. METHOD OF DISPOSITION 1 DESCRIPTION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring. 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring. 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory are shock, or heart failure. List only one cause on each line. MIMEDIATE CAUSE (Final diseases) DUE TO (OR AS A CONSEQUENCE OF):	10d. INSIDE CITY LIMITS? 1 12 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States No- 14. RACE - American Indian, Black, White, etc. Specify: White ESS/INDUSTRY University Robillard	Ing. CITIZ Uni HGIN? (Specify Yes or No-	CATION On 101. ZIP CODE 33431 DECEMBENT OF HISPANIC ORN	ry, town on Local	10c. CIT	1 у	5329 West Path W				
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18a. DECEDENT'S EDUCATION (Che kind of work done during most of working like. Do NOT use retired.) 18a. DECEDENT'S EDUCATION (Che kind of work done during most of working like. Do NOT use retired.) 18a. DECEDENT'S EDUCATION (Che kind of work done during most of working like. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) Albert J. Dessureau, Sr. Ellen Robi 19a. INFORMANT'S NAME (First, Middle, Malden Surmane) Eugene Paul Dessureau 20a. METHOD OF DISPOSITION 1 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete). Complete, complete, complete, complete or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complete). Suburban Crematory or other place) 21 SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. MOD827 933 Gist Ave, Silver Spring. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 25. Due TO (OR AS A CONSEQUENCE OF):	University Robillard	166. KIND OF BUSINESS/INDU	res 2 DNO specify:	, , ,			3 Widowed 4 Divorced				
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iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	ory arrest, Approximate	cardiac or respiratory arre	mode of dying, such as co		ed the death. Do r	ompilcations that cau	23. PART I. Enter the diseases, or				
resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF):	Interval Between Onset and Death				each line.	list only one cause of					
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Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
If any, leading to immediate cause. Enter UNDERLYING				,	A CONSECUENCE OF	002.10 (011.2	cause. Enter UNDERLYING				
CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):				F):	A CONSEQUENCE OF	DUE TO (OR A					
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DADT il Other significant conditions contribution to death to the first terms of the same state of the	TORRY 245 WERE AUTOROV ENIONICO	24- MRS AN AUTORSY	Ing cause given in Part I	In the underlying	but not resulting	contributing to deat	PART il. Other significant conditio				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	D? AMAILABLE PRIOR TO COMPLETION OF CAUSE	PERFORMED?	mig cause given in Fait i.	in the underlyn							
1 TES 2 THO	OF DEATH?	1 TYES 2 THO									
2	1 TES 2 NO										
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)		y one)	PLACE OF DEATH (Check only	26. F							
	others residence	other (Specify) Brothe	lome 5 - Residence 6 💢 Ot	OTHER: 4 - Nursing Ho	tpetient 3 DOA		1 ☐ YES 2 NO				
EXAMINER? 1 YES 2 NO NO NO NO NO NO NO NO			- top-	E OF 28c. IN			27. MANNER OF DEATH				
EXAMINER? 1 YES 2 NO 1 Inpatient 2 EN/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Nother (Specify) BTOTHE 286. DATE OF INJURY AT WORK? (Month, Day, Year) 1 NJURY AT WORK?	JRY OCCURED						2 Accident Investigation				
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2 Accident Investigation 2 No Place OF IN HIPLY At home for start forter Many	Number or Rural Route Number,	City or Town, State)		29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
2 Accident Investigation 28e PLACE OF IN HIPLY At home ferror start fortunation and a second series of the second	Number or Rural Route Number,	City or Town, State)	iste and place, and due to the			On the heels of sur-in-	- MEDICAL EXAMIN				
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Items 23 Part I,27, per MEO, G-694, 12/28/92 gn 92 35912 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VEAD JOHN BOYD DUNN 92 Δ^{M} 10:41 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 😾 M 2 🗌 F YRS 215-78-4709 33 1959 Feb. 14. Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR EAST DIAMOND AND CHESTNUT ST. GAITHERSBURG MONTGOMERY RESIDENCE OF DECEDENT IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Germantown 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE log. CITIZEN OF WHAT COUNTRY? 20874 U.S.A. 18918 Pine Ridge Lane 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE -- American Indian, Black. White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 X NO В Specify 3 Widowed 4 X Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Restaurant Cook utified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Josephine Colaprete BE Robert L. Dunn 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 18918 Pine Ridge Ln. Germantown, MD 20874 Robert L. Dunn 20a METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Gate of Heaven Cemetery 12/2 Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY
De Vol Funeral Home examine in by the funeral removal. 10 E. Deer Park Dr. Gaithersburg, MD 20877 M00896 medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart aliure. List only one cause on each line. Approximate Interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** has been signed by the attending physician and completely filled. Dept. of Health and Mental Hygiene prior to burial, cremation, 1 23 shows any Injury, or other traumatic event, the I Seizure Acute Alcohol Intoxication complicating Disorder disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) r this certificate hi HOSPITAL: OTHER: 1 X YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🕅 Other (Specify) IN WOODS 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO BY FUNERAL DIRECTOR: After twithin 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide Hem 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: II 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER
Donald Huright MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE PER O.C.M.E. ▶ 11-26-1992 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

WRIGHTMD

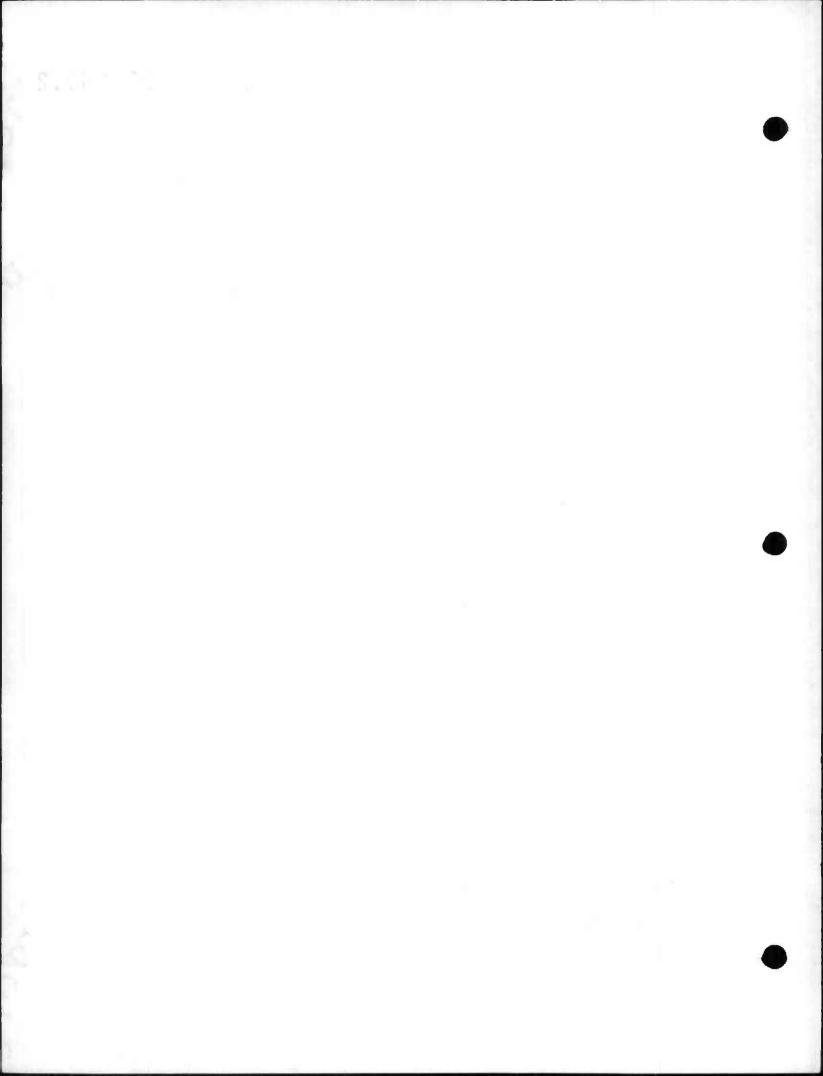
32. REGISTRAR'S SIGNATURE

whia Davidson Bandall

WONALD G.

31. DATE FILED (Month, Day, Year) 02 '92

21201



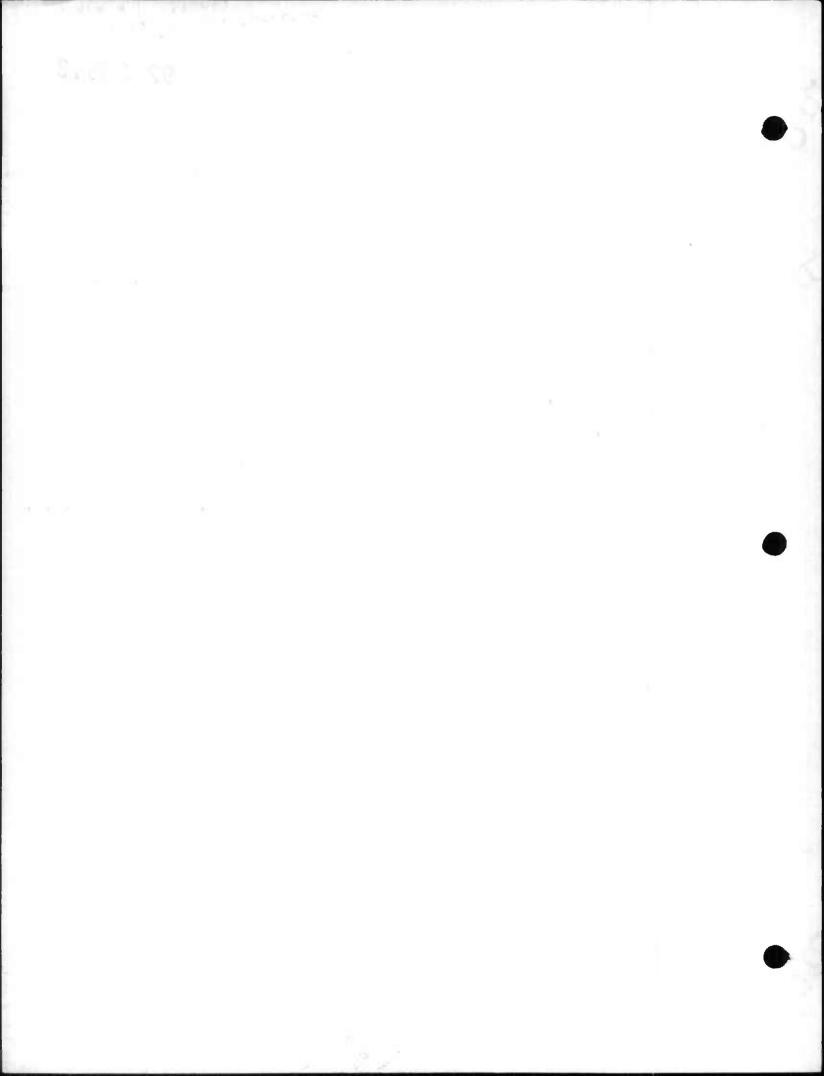
2

FOR

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle, La	DICKS	20/			2. DATE OF DEATH MONTH	DAY	YEAR 3. TIN	E OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Jear)	7001	Camptovico	(State or Foreign
~	9a. FACILITY NAME (If not institution, given		OB YRS.		OR LOCATION OF D	UCT ZO,	T204	TY OF DEATH	ROLINA
DIRECTOR	RESIDENCE OF DECEDENT	SVENITST HO	SPITAL	IAKON	1A FARK		1/	WN70	omery
DIRE	10a. STATE 10b. COU	NTGOMERY	10c. CIT	SILVER	SPRING			L	NSIDE CITY IMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER DODS II	DE PARKWAY	1	16	ZUYTU		10g. CITIZ	EN OF WHAT O	OUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 NO	If you, n		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No-	14. RACE — Am Black, White Specify:	erican Indian, I, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v illa. Do NOT us COLLEGI	work done during m		166. KIND OF I	NTGOME	RY CO	LLEGE
ш	17. FATHER'S NAME (First, Middle, Lest)	G. DICKS	SON		18. MOTHER'S NA MARY	ME (First, Middle, Maid ROE	SON		
년 B	19a. INFORMANT'S NAME (Type/Print)	CKSON	196. MAILING CAM	ADDRESS (Street	end Number or Rural	Route Number, City or	Town, State, Zip	Code)	
	20a, METHOD OF DISPOSITION	amoval from State	20b. PLACE AND DATE Completes a crimatory of the		V L	DATE 20c.	LOCATION — C	aty or Town, Sta	ite
	4 □ Donation 5 □ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		L'ARLI'NG'I	UN NAI	TONAL C	EM. 12/	11/92	ARLIN	GTON,
4.1		DUENGEE /	/ /	22. NAME A	ALL WORLDS OF LE	WILLIT man a		t from the contract of	
	23. PART I/Enter the diseases, is shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	or complications that ore. List only one cause a. Due To (o	R AS A CONSEQUENCE OF	254 not enter the mo	CARROL code of dying, such	L STAKOL h as cardiac or re-			
	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	a. DUE TO (o	76- PU	254 not enter the mo	CARROL code of dying, such	h sa cardiac or re			nterval Betwee
CERTIFICATION	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	a. DUE TO (o	R AS A CONSEQUENCE OF	254 not enter the model (Company)	CARROL ode of dying, such ARY	h as cardiac or re-	EA16		nterval Betwee
MEDICAL CERTIFICATION	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (o	R AS A CONSEQUENCE OF	254 not enter the mo	CARROL ode of dying, suc ARY RF [2 R >	h as cardiac or rec		24b. WERE MAILL COMP	AUTOPSY FINDING BLE PRIOR TO LETION OF CAUSE
MEDICAL CERTIFICATION	Shock, or heart failure immediate cause or condition resulting in death) Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the conditions of the conditions of the cause. The cause of the cause of	DUE TO (O	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	254 not enter the more file of the content of the c	CARROL ode of dying, such ARY	H as cardiac or received to the second of t	AN AUTOPSY	24b. WERE MAILL COMP	AUTOPSY FINDING BLE PRIOR TO CAUSE ATH?
IYSICIAN: MEDICAL CERTIFICATION	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	254 not enter the me C O M F): A In the underlyin O N A OTHER: 26. P OTHER: E OF 28c. IN	CARROL ode of dying, suc A R y R (Part I. 24a. WAS PERF	AN AUTOPSY ORNIED?	24b. WERE MAILL COMPIO OF DE 1 1 1	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH?
BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	BOPITAL: 128a. DATE OF IN (Month, Day.	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	254 not enter the me Fig. 6 The underlying the continue of the second of the continue of the	CARROL TOTAL T	Part I. 24a. WAS PERF 1 YES 6 Other (Specify) 28d. DESCRIBE HOD	AN AUTOPSY ORMED? 2) SINO	24b. WERE MAIL COMPPION OF DE 1 URED	AUTOPSY FINDING: BLE PRIOR TO LETION OF CAUSE ATH? /ES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the c	DUE TO (O DUE TO (O	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF R	254 not enter the me Fig. 6 The underlying the continue of the second of the continue of the	CARROL TOTAL T	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORNIED? 2) SONO W INJURY OCCI	24b. WERE MAIL COMPPION OF DE 1 URED	AUTOPSY FINDING. BLE PRIOR TO LETION OF CAUSE ATH? /ES 2 NO
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural Pending Investigatic 3 Suicide Could not determined 29a. CERTIFIER (Check only)	DUE TO (O DUE TO (O	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF R	254 not enter the me F): F): In the underlyin 26. P OTHER: 4 Nursing Hor WINY M 1 street, factory, office and at the time, det	CARROL ode of dying, such ARY RT 12 RY INDED PLACE OF DEATH (C) TORK? YES 2 NO Ice	Part I. 24a. WAS PERF 1 YES ack only one) 6 Other (Specify) 28d. DESCRIBE HOR 28t. LOCATION (Stree City or Town, State to the cause(e) end re	AN AUTOPSY ORMED? 2 SONO W INJURY OCCI et and Number (24b. WERE MAILE COMPIO OF DE 1 1 1 1	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH? LES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 3 Suicide 6 Could not determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF	DUE TO (O DUE TO (O	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	254 not enter the me for the underlying the street, factory, office of the time, determined at the t	CARROL ode of dying, such ARY RT 12 RY INDED PLACE OF DEATH (C) TORK? YES 2 NO Ice	Part I. 24a. WAS PERF 1 YES Other (Specify) 28d. DESCRIBE HON 28t. LOCATION (Stree City or Town, Street to the cause(e) end retime, data and place,	AN AUTOPSY ORMED? 2 SONO W INJURY OCCI et and Number of the ord due to the	24b. WERE MAILE COMPIO OF DE 1 1 1 1	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH? I'mber,
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 DNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate 3 Suicide 6 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	DUE TO (O DUE TO (O	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF R	254: not enter the me F): F): In the underlyin 26. P OTHER: 4 Nursing Hor E OF 28c. IN WIRY W 1 street, factory, office ed at the time, date on, in my opinion,	CARROL ode of dying, such ARY RT 12 RY Ing cause given in CARROL PLACE OF DEATH (C) TORKY YES 2 NO Ice te end place, end due death occured at the	Part I. 24a. WAS PERF 1 YES ack only one) 6 Other (Specify) 28d. DESCRIBE HOT 28t. LOCATION (Streethy) to the cause(e) end retime, data end place, WBER A 3 1	AN AUTOPSY ORMED? 2) SONO W INJURY OCCI et and Number of the) manner as state end due to the 29d, DATE	24b. WERE MAILL COMPLOY OF DE 1 1 1 1 URED OF Rural Route No. SIGNED (Morth "2 6 (AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH? I'mber,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALLIMONE, MAHYLAND	r death. Page 6 may be retained by the hosp	ne funeral director, page 5 should be detached	examiner must be notified at once.
DIVISION OF VITAL ACCORDS, T.O. BOX 86780,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be minimed by the hong	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be sent the companies of sent with the Companies of the Companies of sent the Companies of	be lifed within 12 industates been will be state dept. Or regularly not other traumatic event, the medical examiner must be notified at once.

	FOR							35914
	1 - STATE REGISTRAR	STATE OF MARYLAN		IENT OF HEALI ATE OF DE		ITAL HYGIEN REG. NO	Ε	
	1. DECEDENT'S NAME (First, Middle, Last)			0. 52	2. (DATE OF DEATH		3. TIME OF DEATH
-	WINFIELD L.	DRISSEL				ONTH DA		2 8:50 AM
	The second secon		MO	UNDER 1 YEAR IF UN		ATE OF BIRTH Month, Day, Year)	_ [(BIRTHPLACE (State or Foreign Country)
	5 77 - 24 - 0385M 1 9a. FACILITY NAME (If not institution, give street		YRS.			9-24-0		+ I LADELPH LA, PA
FUNERAL DIRECTOR	WILSON HEALTH CA	,		AITHERS P		n D	9c COUNTY MON	TGOMERY
JEC.	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
ā	MD Montgom	ery	Gaith	ersburg,				LIMITS7 1 T YES 2 NO
3AL	10e. STREET AND NUMBER			101. ZIP C			10g. CITIZEN	OF WHAT COUNTRY?
NE	404 Woodland Road			208			U.S.A	
F	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U FORCES? 1 YES	2 🔀 NO		luban, Mexican, Pu			RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 🗌 YES 2 🔀 1	NO Specify:			Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	6a. DECEDENT'S USU	done during most of we	orkina	16b. KIND OF BUS	SINESS/INDUST	RY
'n	Elementary/Secondary (0-12)	College (1-4 or 5+)	illin. Do NOT use rei	100				
DMF	17. FATHER'S NAME (First, Middle, Last)	4	Mechanica	al Engine		N.B.S.	Power of the same	
EC	Roger S. Drissel	4.				el Horn		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Nun				de)
7	Dorothy Drissel Be	auregard	1039 Ash	ne St., Da	avidsonv	ille, M	21035	5
	20e. METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremetion 3 🗀 Remove	I from State 20b.Pf	LACE AND DATE OF D	SPOSITION (Name of place)		DATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		dar Hill	Cemetery 22. NAME AND ADD	12/4	/92 Sui	tland,	MD
	150	20-				o De Vol Park Dri		11 nome
_	7.2.)~~				MD 2087		
	23. PART I. Enter the diseases, or com shock, or heart failure. Lie	t only one cause on each	he death. Do not o h line.	enter the mode of	dying, such as	cardiac or respi	ratory arrest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Carrantar						Onset and Death
		Congestive DUE TO (OR AS A C						2 mo
Z	b.	Arteriose DUE TO FOR AS A CO	lesotic	Heart	Dise	ase.		_
TIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):					
2	CAUSE (Disease or injury C	DUE TO (OR AS A CO	ONSEQUENCE OF					
CERTIFICATION	that initiated events resulting in death) LAST	501 10 (S.1.1.5 X S.	onseducitor or j.					į
_	a							
MEDICAL	PART II. Other algnificent conditions of		-1			I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Decurrent aspir	ration, m			7	1 TYES 2	KNO	OF DEATH?
	Julmonary 1	Abectenzion	, cervi	cal cord				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			OF BUACE O	F DEATH (Check or			
SICI	EXAMINER?	IOSPITAL:	ent 3 DOA 4	HER:				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE DF INJURY	28b. TIME OF			DESCRIBE HOW I	NJURY OCCUR	EO
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	YRULNI	M 1 YES	2 NO			
ED B	3 Suitride 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, office	281.	LOCATION (Street in City or Town, State)	and Number or F	Rural Route Number,
	4 Humicida determined							
COMPLET		N: To the bast of my knowled						
8	2 MEDICAL EXAMINER: 0	On the basis of examination s	nd/or Investigation, In	my opinion, death or	ccured at the time,	date and place, an	d due to the ca	suse(e) end manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	2100		29c. (LICENSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF BERSON WHO C	OMPLETED CAUSE OF THEAT	H (ITEM 27) (Sura Dair		0123		14	2-1-92
	James R. Morres	1. 207 Br	askes A	-0	thesso	uca m	el. a	20877
	DEC 03 92	32. HEGISTRADIS SIGNATI	- Rondell			J		

FOR

_	1 - STATE REGISTRAR		SIAIE UF I	MANTLA	CERTIF					MEN I	AL HYGIEN REG. NO	_		
ŀ	1. DECEDENT'S NAME (First						TE OF DEATH	AY	YEAR	3. TIME OF DEATH				
ı	CHARLE 4. SOCIAL SECURITY NUMBER		DUVALL Ts. sex							MO		2	92ª	10:55PM M
ı	579-02-541		1 XM 2 F	6. AGE (#	yrs. last birthday) VRS.	IF UNDER 1	DAYS	HOURS	MIN.	7. DAT	te of BIRTH onth, Day, Year) 1 30	66	Countr	PLACE (State or Foreign y) Everly, Md.
ì	9a. FACILITY NAME (If not in	stitution, give	1 /			9b. CITY, TOWN OR LOCATION OF DEATH								
	PRINCE GE		HOSPITAL	CEN	TER	CHEVERLY PRINCE GEOR							GEORGES	
l	RESIDENCE OF DEC		nce Geo		10c. CF	TY, TOWN OR	LOCAT	ION						10d. INSIDE CITY
þ	Md.	s L	andover						LIMITS?					
1	10e. STREET AND NUMBER	7 17		п	201	101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?		
	6817 W	U.S. ARMED	I to W	20785 U.S.A.										
ĺ	1 Never Married 2	2X NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— H yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 □ YES 2 ▼NO Specify: Socitiv: ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬						k, Whits, etc.					
Black										" Black				
	(Specify online Elementary/Secondary (0	(Give kind of life. Do NOT u	USUAL OCE work done du se retired.)	uring mos	N st of worldr	ng	1	6b. KIND OF BU	SINESS/IN	DUSTRY				
11th Engineer Bowling Alley														
	17. FATHER'S NAME (First, M							t, Middle, Maiden						
	Ch							Coate						
	196. INFORMANT'S NAME (Type/Print) Mary E. Duvall 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 307 Division Ave., N.E., Wash., D.C. 20019													
ľ	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
1	Commetten 3 Removal from State Connection 5 Other (Specify) Harmony Mem. Park 11/27/92 Landover, Md.													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Pary W. Pratt 22. NAME AND APPRESS, OF FACILITY H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.														
4			_											
		eart fallure.	List only one cau	se on ea	the death. Do	not enter t	he mod	de of dy	ing, suci	h aa ca	erdiac or reap	iratory a	rrest,	Approximate Interval Between
i	immediate cause (Fir	iai 	1/2	DX	une	AL	M	M	m	5				Onset and Death
	resulting in death)	•	DUE TO	AS A	онвериенся о	m Cal	J.	1 4	11-					
	Sequentially list conditi	ions,	· W	W	Wr-	> 0/1.	W	M	·	•				
	if any, leading to imme- cause. Enter UNDERLY	NG	This	181	MI	ML	1	V						
	CAUSE (Disease or injuthat initiated events		DOME TO	OR AB A	CONSEQUENCE O	PE ALL	la I	1	11	WE	sun	110	nt	
i	resulting in death) LAS	·	a W	tmr	dillin	1 Vim	VM	100	you	, ,	101.	"VV"		
ı	PART II. Other significa	nt conditio	na contributing to	spath bu	t not resulting	in the und	erlying	cause (given in	Part I.	MA. WAS AN		246	WERE AUTOPSY FINDINGS WASLABLE PRIOR TO
ı	- my	MAG	7							_	1 □ YES 1			OF DEATH?
ı	7	THE	XXX	3 /						_				1 TYES 2 NO
ı	25. WAS CASE REPURRED TO	MEDICAL					26. PL	ACE OF D	EATH (Ch	ock only	one)			
ı	1 YES : NO		1 Mogettent 2	ER/Outpe	tient 3 🗆 DOA	OTHER:		s D ne	seidence	6 [] OI	her (Specify)			
I	27. MANHER OF DEATH	Pending	28s. DATE OF (Month, D		28b. TR	IE OF I	DE. INJ.	RK7	41000	264. D	ESCRIBE HOW I	HJUNY OC	CURED	
I	2 Accident	Investigation	28s. PLACE O	F INJURY -	- At home, farm,	street, factor	A CONTRACTOR	ES 2	NO	201.10	CATION (Street	and Months	u or Grant I	Street Manhae
ı		Could not be determined	building,	etc. /Specif	VI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				fy or flown, State)	and regresse	er on reason o	NUMB PRESIDENCE
I	290 CERTIFIER 1 CERT	IFYING PHYS	SICIAN: To the best of	my knowle	dge, death occur	red at the tim	ne, date	and place	, and due	to the c	sause(s) and mar	nner as sta	nted.	
	(dried) 2 Mel Di	GAL EXAMIN	ER: On the ballis of a	xamination	and/or investigati	on, in my op	inion, de	ath occur	red at the	time, de	nts and place, ar	d due to t	the cause(s	a) and menner as stated.
	THE SHATURE AND TITLE	T demies	10 01	ΛΛ	110	M	$\sqrt{1}$	29c. LICI	ENGE NU	ABER	1000	29d. DA	TE S GNED	(Mogth, Day, Year)
ŀ	30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CALL	SE OF DEA	TH (ITEM 27) (Tors	. Print	1		17	1	47	1,	1	340
ļ	Lewis H.		is, M.D	_	201 Gr	eenb	elt	. Rd	.,C	011	ege Pa	ark,	Md.	
	31. DATE BLED (Abdrett, Asy,													

TE ASSENDANT RESPANSIVE NO ARE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

RELEASED BY MEDICAL EXAMINER

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAR

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.					
1. DECEDENT'S NAME (First, Middle, Lass WILLIA)	THOMAS	DIMES			2. DATE OF DEATH		YEAR 2	3. TIME OF DEATH	Н		
4. SOCIAL SECURITY NUMBER 710-09-7797	1 M 2 F	66 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-5-26		Boy	d, Md	reign		
96. FACILITY NAME (If not institution, given PRINCE GEORGE'S RESIDENCE OF DECEMENT	THOMAS DIMES I SAN THOMAS		EORGE ^t S								
MD Pri								10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER 5456 Madison 11. Marrital STATUS	Way #2		101		4	10g. CITIZ	USA	HAT COUNTRY?	/		
3 ☑ Widowed 4 □ Divorced	FORCES? 1	YES 2 NO	If yes, sp	ecify Cuban, Mexico	en, Puerto Rican, etc.)	les or No 1	14. RACE - Black, Specify Bla		n,		
15. DECEDENT'S ED (Specify only highest grant programme) Elementary/Secondary (0-12) 1.O.t.h 17. FATHER'S NAME (First, Middle, Leat)	de completed)	(Give kind of wor life. Do NOT use i	k done during mo etired.)	ON st of working							
17. FATHER'S NAME (First, Middle, Leet) Thomas	Dimes						10	4			
Inomas 190. INFORMANT'S NAME (Type/Print) John Thomas Dime		19b. MAILING AI	Madisc		-		Code)	7			
20e. METHOD OF DISPOSITION **EBuriel 2 Cremetion 3 Re- 4 Donetion 5 Other (Specify)		20b. PLACE AND DATE OF	DISPOSITION /Na	me of	DATE 20c. 1	OCATION — C	ity or Tow	n, State			
21. SIGNATURE OF FUNERAL SERVICE I	ursha	ll			Gury Marsha 4217	9th	uner tree	et, N. W	٧.,		
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	ACUTE	MYOCARDIAL te Myoca	INFAR	CTION			.	Approxima Interval Be Onset and	tween		
cause. Enter UNDERLYING CAUSE (Disease or Injury											
Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE OF):									
PART II. Other eigniticent condition	one contributing to de	eath but not resulting in	the underlying	g cause given in	PERF	PRMED?	6	WERE AUTOPSY FIN WAILABLE PRIOR T COMPLETION OF CA OF DEATH?	TO AUSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: V			ACE OF DEATH (Ch	eck only one)						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF IN (Month, Day,	JURY 28b. TIME C	Nursing Hom OF 28c. INJ Y WO	URY AT		INJURY OCCU	IRED				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I	NJURY — At home, farm, stre c. (Specify)					r Rural Roo	ute Number,			
								and menner as sta	eted.		
296. SIGNATURE AND TITLE OF CERTIFI		MO		29c. LICENSE MUI				Month, Day, Year) 24 / 9 2			
30. NAME AND ADDRESS OF PERSON W Keith Banton		, , , , , , ,	*	shington	D.C.		1/3	7/12			
31. DATE FILED (Month, Dev. Year) DEC 0 2 1992	32. REGISTRAR	Georgia Ave	TANK O VICE	oriting coll	,						

all or attending physician. The use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMONE, MARYLAND 21215-0020	8 may be estated to the housest or attending physicia	ector, ave 5 show he deached the use as the burial-tr	must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 my the entire of the hours attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The first this certificate has been signed by the attending physician and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL DR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked,

STATE	0F	MARYL	AND /	DEPAR	TMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
			CI	ERTIF	ICATE	OF	F DEAT	ГН		REG. N	10.

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA			MENTAL HYGIEN REG. NO.	E				
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
- 6	MILDRED	DOUG	HERTY			NOVEMBER	30. 1992	6:30 P. M			
				FUNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH (Morth, Day, Year)	8. BIRT	HPLACE (State or Foreign			
i	220-42-2103	□ M 2 💢 F 97	YRS.			OCT. 1, 1	895 PEN	NSYLVANIA			
DIRECTOR	9a. FACILITY NAME (If not institution, give street FRIENDS NURSING RESIDENCE OF DECEMENT	HOME	91	SAND	SPRING		9c. COUNTY OF MONTG				
E C	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY			
	MARYLAND MOI	NTGOMERY	SIL	VER SI	PRING			LIMITS?			
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
Ä	1 FINSBURY PARK					06-1411	USA				
BY FU	11. MARITAL STATUS 1 \(\sum_{\text{N}} \) Never Married 2 \(\sum_{\text{N}} \) Married 3 \(\sum_{\text{Widowed}} \) Widowed 4 \(\sum_{\text{Divorced}} \)	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECI If yes, spe 1 — YES	ENDENT OF HISPAN offy Cuben, Mexican 2 NO Specify	or No 14. RACE — American Indian, Black, White, etc. Specify: WHITE					
ED	15. DECEDENT'S EDUCATE (Specify only highest grade com	SINESS/INDUSTRY	WILLIE								
		College (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	t or working						
COMPLETED	4 ECONOMIST GOVERNMENT										
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Suma WILLIAM H. DOUGHERTY KATHRYN W.										
BE	WILLIAM 190. INFORMANT'S NAME (Type/Print)	H. DO	KATHRYN								
임	199. INFORMANT'S NAME (Types/Print) 199. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 198. INFORMANT'S NAME (Types/Print) 199. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 1 FINSBURY PARK COURT, SILVER SPRING, MD										
	20s. METHOD OF DISPOSITION										
	1 Burlei 2 Termetton 3 Removal from State Commetery, cremetery or other place)										
	4 Donetton & Other (Specify) METROPOLITAN CREMATORY 12/1 ALEXANDRIA, VA										
	> (IMANAOLA)	(alo		FRANCI	S J. COI	LINS FUNE	RAL HOME	, INC. SP., MD 2090			
	23. PART I. Enter the diseases, or com	ications that coused th	e death. Do not					Approximate			
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO DR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algnificant conditions co	ontributing to death but r	not resulting in 1	the underlying	ceuse given in	Part I. 24a. WAS AN	ALITTOPSV 24	b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	JENIL	iTy.			g	PERFOR	MED?	MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		_	26 EH	ACE OF DEATH (Che	ork orbit and					
딣	EXAMINER?	OSPITAL: Inpetient 2 ER/Outpetie	W 1 7004 0	THER:							
Η̈́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJU	5 Residence	28d. DESCRIBE HOW II	NJURY OCCURED				
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK7 ES 2 NO						
	2 Accident investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
COMPLETED		To the best of my knowledge on the bests of examination and						(a) and menner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	w	W		29c. LICENSE NUM	BER 7	29d. DATE SIGNE	D (Month, Day, Year)			
	30. NAME AND ADDRESS DEFERSON WHO CO	18111 PRINC	EVHIL	PDR,	T-13; C	DUNEY	Ws	20832			
	31. DATE FILED (Month, Day, Year) DEC 02 92 Suna Davidon Andrease										

phospital or attending physician. etached for use as the burial-transit permit. Pages 1, 2, 3 should MARYLAND 21215-0020 prained by the hospital or attending physicia TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be estained by the horse TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 beould be fiscally be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				ICALE				REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last, Patsv G. Dull	ose						2. DATE OF MONTH	11/29	192	YEAR 3.	6:40 A.M.	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	at hirthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF			a BIOTHOL	ACE (State or Foreign	
458-30-3261	1 □ M 2 万 F	65	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D			Country)	Texas	
9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	R LOCATION OF D				TY OF DEA		
2309 North Gate Ter	race			Sil	lver	Spring			Mor	nteame	rv	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	TV		Lan. or	TY, TOWN OR LOCATION								
	tgamery		10c. CIT			bring					INSIDE CITY UMITS? YES 2 NO	
10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZ	EN OF WHA	AT COUNTRY?	
2309 North Gate T	errace					20906			Uni	ited S	tates	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AL	RMED	13. V	MAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yes	or No-	14. RACE -	American Indian, Vhita, atc.	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V		NO			2 NO Speci		in, etc.)		Specify:	White	
15. DECEDENT'S ED (Specify only highest grad		16a. Di	ECEDENT'S	USUAL OC	CUPATIO	ON at an address	16b. KI	ND OF BUSI	INESS/INDL	JSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	r) iii	. Do NOT us	e retired.)	Juning Inio	st of working						
12	4		Secret:	ary			Me	dical	School			
17. FATHER'S NAME (First, Middle, Last)						16. MOTNER'S N	AME (First, Mide	dle, Maiden S	Surname)			
Jack Handey						Vera Lo	prraine	Stag s				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	DRESS (Street and Number or Rural Route Number, City or Town, State, 2							
Paul A. DuBose			2309 1	brth	Gate	Terrace,	Silver	Spring	, MD 2	20906		
20a. METHOD OF DISPOSITION Grant Burlal 2 Cremation 3 Re- 4 Donation 6 Other (Specify)	moval from State	20b. PLACE cametery, co	AND DATE O	of Disposi	Rant	ist Church	92 DATE	20c. LOC	ATION - C	AT at	, Stata	
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	1	7 110.	22. 1	NAME AN	ID ADDRESS OF F	ACILITY	Lius	VIIIs	ATSE		
· Dennis a	Tupel	ino				Rinaldi Fl New Hampst			ver Sn	mine.	ND 20904	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. Hegati	(OR AS A CONSE	OUENCE OF	E OF):							3 wKs	
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. Unres	ectable (or as a conse	OUENCE OF	ztoce	lluk	er Caro	elnom	a			6 mo	
PART II. Other algnificant condition	ons contributing to	death but not	reaulting i	In the un	derlying	g cause given in	Part I. 24	In. WAS AN A			ERE AUTOPSY FINDING	
							_ '	PERFORM	4	DI	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?	
25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEATH (C)	neck only one)					
PM A SAMETERS	HOSPITAL:	ED/Output		OTHER	1:							
EXAMINER?	1 Unpurion 2		26b. TIM	-	28c. INJ	e 5 Residence	8 ☐ Other (S		ILIEW AGG	IMED		
1 TES 2 NO	28a, DATE OF					RK?	200. DEGCH	IDE HOW IN	JUNI OCCI	UNED		
1 YES 2 NO	28a. DATE OF (Month, D		INJ	M		res 2 No						
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	(Month, D		INJ	М	1 🗆 1		261. LOCATI City or 1	ON (Street an fown, State)	nd Number o	or Rural Rout	e Number,	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	(Month, D 28e. PLACE O building,	FINJURY — At he etc. (Specify)	oma, term, s	M street, facto	1 1 1	and place, and du	City or 1	(a) and mann	ner as state	d.		
27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 6 Could not be detarmined 20. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	(Month, D 28e. PLACE 0 building, SICIAN: To the best of e ER: On the basis of e	ey, Year) FINJURY — At he etc. (Specify) my knowledge, dexamination and/or	oma, term, seath occurre	M street, facto	1 1 1	and place, and duesth occured at the	City or 1	(a) and mann d place, and	dun to the	d, cause(s) as		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER A KAOL MD Ali	SICIAN: To the best of e	ey, Year) F INJURY — At he etc. (Specify) my knowledge, dexamination and/or	oma, term, s	M streat, factored at the til	1 🔲 Y	and place, and duresth occured at the	City or 1	(a) and mann d place, and	due to the	d. cause(s) as	nd manner as stated.	
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	SICIAN: To the best of e	ey, Year) F INJURY — At he etc. (Specify) my knowledge, dexamination and/or	oma, term, s	M streat, factored at the til	1 🔲 Y	and place, and duresth occured at the	City or 1	(a) and mann d place, and	due to the	d. cause(s) as	nd manner as stated.	

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Lest)

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	ertific	ng p	giene	othe
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	dea	ne at	Vent	M
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5	₽	this	I Will	artie.
ξ	DING	After	deat	THE REAL PROPERTY.
7	TEN	DR:	ffer	28 1
DIVISION OF VITAL RECORDS, P.O. DOA 13140,	R Al	IREC	SUN	me
2	AL C	40	2 ho	1
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- Jurs after death. PM	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examine
	모	E PU	d with	RTA
	E	王	filec	IPO
	12	12	2	-

	1. DECEOENT'S NAME (First	, Middle, Last)	Mary	Patric	ia Di	irks				2. DATE MONTH	OF DEATH	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMI	J- JT J	5. SEX	6. AGE (In yrs.	lost historial	IE INDE	R 1 YEAR	I in temper	R 24 HRS.	7 DATE	OF BIRTH	- 19	7-2 a piore	PLACE (State or Foreign
	181-22-4972		1 M 2 V F	6. AGE (III yrs.	YRS.	MONTHS	1	HOURS	MIN.	(Month	Day, Year)	1000	Count	ny)
	9a. FACILITY NAME (If not in		1 ^	04	1710.	Oh CIT	V TOWN (DO LOCAT	ION OF DE	Nov.	18, 1	7	INEW	York
٦	Althea Wood			lome			ilver			AIN				mery
DIRECTOR	RESIDENCE OF DEC	CEDENT		101110					1119			110	moge	THOI Y
12	10a. STATE	10b. COUNT					OR LOCAT							10d. INSIDE CITY LIMITS?
	Maryland		omery		Ke	ensir	ngtor	1						1 - YES 2 X NO
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COL				200		WHAT COUNTRY?
	2722 Jennin	igs Roa								1895			_	States
E I	11. MARITAL STATUS 1 Never Martied 2	Married		T YES 2	ARMED NO	13.	If yes, sp	ecify Cub	an, Mexica	in, Puerto f	? (Specify Yea lican, atc.)	or No—	14. RAC Blac	E — American Indian, k, White, etc.
B	3 Widowed 4 X Dive		IF YES, GIVE	MAR OR DATES			1 TYES	2 X NO	Specify Specify	y:			Spec	nite
	15. DEC	EDENT'S EDU	CATION	16a.		B USUAL OCCUPATION				16b.	KIND OF BUS	SINESS/IN		ITLE
COMPLETED	(Specify on Elementary/Secondary (+)	(Give kind of work done during most of working life. Do NOT use retired.)											
. 릴	12	,	College (1-4 or 5		Sales	Clei	rk				Retail	L		
S S	17. FATHER'S NAME (First, A	fiddle, Last)						18, MO	THER'S NA	ME (First, I	fiddle, Maiden	Surname)		
BEO	Edwin P.	Allen,	Sr.					Er	mma J	Johns	onbaug	h		
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
F	Julie Ann	Garrio	do		2110	Hilo	daros	se Di	rive,	#5,	Silve	er Sp	rinc	, MD 20902
)	20a. METHOO OF OISPOSIT	ION	novel from State	20b. PLA	CE OF DISPO	SITION (A	Vame of ce	metery, cre	ematory or					own, State
7	4 Donation 5 Other (Specify) Suburban Crematory Silver Spring, Maryland													
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	7								D 4		
S S	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910									MD 20910				
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approxi-										Approximata				
	IMMEDIATE CAUSE (FI		List Dnly Dne ca		7	/\								interval Between Onset and Daath
	disease or condition - Advance Tenereate Concer													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentielly list condi-	linne	a fluor	exia o	ence ,	d walnuty from								
IE	If any, leading to imme	diate	/ DUE TO	OR AS A CON	SEOUENCE (OF):		•						
	CAUSE (Diseese or in)		c	OR AS A CON	SEQUENCE ()F)·								
CERTIFICATION	thet initiated eventa resulting in deeth) LAS	т		(011710710011	020021102	. ,.								Ì
S			d											
A I	PART II. Other algnific	ent condition	ns contributing to	deeth but n	ot reaulting	in the u	underlyin	g ceuse	given in	Part i.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	<u> </u>									_	1 TYES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
W														1 YES 2 NO
N														
PHYSICIAN:	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATH (Ch	neck only or	10)			
YSI	1 TYES 2 X NO		1 - Inpetient 2			4X□ Nt	ursing Hon		Realdenca	6 🗆 Otha				
F	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF IJURY M	W	JURY AT		28d. DES	CRIBE HOW	INJURY O	CCURED	
B	2 Accident	Investigation	200 21 405	OF IN HIRW A	A borne down			YES 2	□ NO	200 100	ATIONI (Co			David Market
<u> </u>	3 Suicide 6 4 Homicide	Could not be datermined	building	OF INJURY — A J, atc. (Specify)	t nome, rem,	atreet, m	ictory, onic				or Town, State,		er or Hurai	Route Number,
COMPLETED	29a. CERTIFIER	College 250	2 22	-		100				9				
MP	(Check only		SICIAN: To the best of											POTORE CREEK
			1	examination and	/or investigat	ion, in my	opinion,				and place, at			(a) and manner as stated.
BE CC	29b. SIGNATURE AND TITL	E OF CERTIFIE						29c. LI	CENSE NU			29d. OA	TE SIGNE	O (Month, Day, Ybar)
5	Finger	2-11	a process	107.00				V	170	0			12/6	77-
	30. NAME AND ADDRESS O		1610 Car		(ITEM 27) (Typ	Print)	Takas	Inc.	Park	- 111	d. 20	091	7	
	31. DATE FILED (Month, Day		32. REGISTR	AR'S SIGNATUR	E		-V. 101		, -,,,,	/000		11		
	DEC 08	'92	Grilian	Davidson	Banka									
		VL	10	INCIDLA										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

35919

92

Line

Α...

1 -	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CERTI	FICATE	OF DEAT	ГН	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lags)	, ρ	-	nadi	(DATE OF DEATH MONTH DA	- 45	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda	F UNDER 1 Y	EAR IF UNDER	24 HRS. 7.	DATE OF BIRTH		L BIRTHPI	LACE (State or Foreign	
	438-01-6274	1 M 2 D F	72 YAS	MONTHS D	AYS HOURS	MIN.	(Morith, Day, Year)		Country)	siana	
_	9a. FACILITY NAME (If not institution, give a			9b. CITY, TO	WN OR LOCATI			9c. COUNT			
DIRECTOR	WASHINGTON ADVENT	TIST HOSP	'ITAL	TAk	oma Par	ck		Montg	gome	ry	
EC	10e. STATE 10b. COUNTY	1	10c. C	TTY, TOWN OR I	OCATION				T	IOd. INSIDE CITY	
	N/A	N/A	Wa	shingt	on, D.	C.				LIMITS?	
FUNERAL	10e. STREET AND NUMBER				101. ZIP COO			10g. CITIZE	N OF WH	AT COUNTRY?	
NE	1147 46th Place,				20019			Unite			
BY FU	1 MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced		T.EVER IN U.S. ARMED YES 2 NO WAR OR DATES	2 NO If yes, specify Cuban, Mexican, Puerto Rican, a					Yee or No- 14. RACE — American Indian Black, White, atc. Specify: Black		
ED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY									ick	
	Elementary/Secondary (0-12) College (1-4 or 5 +) iiia. Do NOT use retired.)										
COMPLETED	12 1 Postal Supervisor Federal Government										
	17. FATHER'S NAME (First, Middle, Lusi) John Toussaint Da	777 0					(First, Middle, Maiden S	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	IVIS	19b, MAILE	G ADDRESS (S		ce Da	LCOUT Number, City or Town	State Zin C	Corde)		
2	Paul W. Davis						Washingto			20020	
	20ex METHOD OF DISPOSITION 1 Greenston 3 Greenston 3 Greenston	ovel from State	20b. PLACE AND DAT	E OF DISPOSITION	N (Name of	10/	CDATE 20C LOC	ATION - CI			
	Cemetron 3 Removal from State Cemetry										
	21. SIGNATURO FUNERAL SERVICE LIC	ENSEE	71 . 3	McG	me and address uire Fu	ss of facili ineral	Service,	Inc.	2	20012	
	Henry o.	(NA	bens	740	Georg	gia Av	e. N.W. W	lashin	gtor	n, D.C.	
	PART I. Enter the diseases, Dr o shock, pr heart failure.	complications that List only one cau	t ceused the deeth. Do	not enter the	mode of dyl	ng, such s	s cerdiec or respir	atory srres	st,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	0	rumon	ia						Onset and Death	
ŀ	resulting in death) s										
z	Sequentially list conditions To Congestive Least decices										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	ON AS A CONSEQUENCE	OF)	0.	1					
E S	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO	OR AS A CONSEQUENCE	OD: TEE	Jus	2.					
F	resulting in deeth) LAST	. 1	remia.	01).							
8	PART II Other significant condition	a contribution to	death has a second								
DICAL	PART II. Other aignificant condition	S contributing to	death but not resulting	in the unde	lying ceuse (given in Par	t i. 24a. WAS AN A PERFORE		A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
	Lucio	LO NO	101	71	_		1 NES 2	□ NO	0	F DEATH?	
2			1 0				-		'	YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF O	EATH (Check	only one)				
YSIC	1 TES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆 DOA	OTHER:	Home 5 🗆 Re	sidence 6	Other (Specify)				
PH	27, MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF (Month, De		NJURY	:. INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCCU	RED		
B	2 Accident Investigation	28+ PLACE O	E IN HIM AA barra Arra		YES 2						
COMPLETED	3 Suicide 6 Could not be detarmined	building,	F INJURY — At home, farm etc. (Specify)	, street, factory,	опісе	28	f. LOCATION (Street ar City or Yown, State)	nd Number or	Rural Rou	ite Number,	
	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, death occu	rrad at the time	data and alone	and due to t	h				
ME			umination and/or investiga							ind manner as stated.	
	296. SIGNATURE AND THE OF CERTIFIER		AH O	0)		NSE NUMBEI				fonth, Day, Year)	
O BE	VY fry L	/	7 / land 1	vas.	0	198	97	D 1-	13.	92	
5	30. NAME AND AGORESS OF PERSON WHO	7209	Hanol	se, Print)	arke	war	Green	all the	Ma	120770	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	SON PONDER		•	0			,	,	
DEC 08 '92 Julie Navidson Randelle											

hospital or attending physician. ilached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fusic after this certificate has been signed by the attending physician and completely fluid in by the creation of the control of the contro

AND 21215-0020

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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MONTH - 5 DAY unean OSEP 92 Ρ. 4. SOCIAL SECURITY MINER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS CE (State or Foreign 8. BIRTHI 1 📈 M 2 🗌 F HOURS YRS. 2-25-1910 577-07-1790 North Carolina permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince Georges General Hospital Cheverly Prince Georges 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Upper Marlboro 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit Delran Place 20772 U.S.A. by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) detached 10 0 Butcher- The Store Private Industry at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 8 Patrick James Duncan BE Lena Pullev 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mozelle 905 Delran Place Upper Marlboro, Maryland 20772 Н. Duncan 20a. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State 1 N Burial 2 Cremation 4 Donation 5 Other (Specify) Fort Lincoln Cemetery 12-9-92 Brentwood, Maryland hours after death. Page examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY STREET, Hines-Rinaldi Funeral Home 20904 11800 NewHampshire Ave.SilverSpring, M.D. 8 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. filled in by Approximate shock, or heart failure. List only one cause on each line 07.0 interval Between IMMEDIATE CAUSE (Final event, the attending physician and completely fille mai Hygiene prior to burial, cremation, relivou cerebro-cardio vas ales disease disease or condition resulting in death) TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Cause Enter UNDERLYING CAUSE (Disease or injury or other Mentai Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, o PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Word am/ ulas shows any 1 YES 2 -1 YES 2 NO 6 Deen PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) State EXAMINERT certificate HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 the 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED Is marked, E M this 1 Natural 5 Pending DIRECTOR: After the hours after death w 1 YES 2 NO В 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 🗌 Homicide Hem 29e. CERTIFIER
(Check ank)

1 CERTIFIENG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, Year) BE rusto 2 udas Da 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, "ber) 08 '92 ina Davidson Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 35921

REG. NO.

2. DATE OF DEATH

CERTIFICATE OF DEATH

2 2

en manage and the same

3. TIME OF DEATH

2. DATE OF DEATH

RE MARYLAND 21215-0020
We be resulted by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page we be remained by the attending physician and completely filled in by the tuneral director. For the past has been signed by the attending physician and completely filled in by the tuneral director. For the past had mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	SADIE SUE DOSS	ICK							12-4-92	12-4-92 DAY YEAR 7:03 P			
- 4	4. SOCIAL SECURITY NUMBER	s. SEX	8. AGE (In yrs. lest	birthday)	IF UNDE		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign	
1 1	058-05-9126	1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	11-10-06		NE	W YORK	
- 7	98. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH	9c. COU	NTY OF DE		
O.	COLLINGSWOOD N	URSING CEN	TER		RC	CKVI	LLE			MON	TGOM	ERY	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. CO												
=				10c, CIT	Y, TOWN							10d. INSIDE CITY LIMITS?	
	MARYLAND MO 10e. STREET AND NUMBER	NTGOMERY			RC	CKVI				1 K YES 2 NO			
PA	Description of the Control of the Co					10f	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	299 HURLEY AVE						208			UNITED STATES			
	1 Never Married 2 Merried	FORCES?	NT EVER IN U.S. ARM	IED O	13.	WAS DEC	ENDENT O	F HISPANI n, Mexicen	C ORIGIN? (Specify Yes	or No-	14. RACE - Black,	- American Indian, White, atc.	
8≺	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	1 YES 2 XNO Specify:						- 1	Specify		
8	15. DECEDENT'S	EDUCATION	18a. DEC	DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSIN						INESS/IND	HISTOV	MILLE	
COMPLETED	(Specify only highest of Elementary/Secondary (0-12)	rade completed) College (1-4 or 5	(Give	(Give kind of work done during most of working life. Do NOT use retired.)					100. 10.10	16b. KIND OF BUSINESS/INDUSTRY			
필	12			ECRE	TARY	,			PT III	PLUMBER'S UNION			
Ö	17. FATHER'S NAME (First, Middle, Last			HOICE	TITICI	18. MOTHER'S NAME (First, Middle, Maiden St						LON	
BE C	JOSEPH GOLDBER	G		TILLIE SOLOM									
TO B	19e, INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a)					Code)		
=	199. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1409 JACKSON ROAD, SILVER SPRING, MD 20904											904	
	20s. METHOD OF DISPOSITION	20b. PLACE AN	DDATE	F DISPOS	ISPOSITION (Name of DATE 20c. LOCATION — City or Town								
	bountier 5 Other (Special)	MT - ST			EMORIAL PARK 12/13 N. MIAMI BEAC						ACH. FT.		
	21. SIGNATURE OF FUNERAL SERVICE	22.	NAME AN	D ADDRES	S OF FAC	ILITY							
	· Tour	Japan							BERG MEMOI				
	23. PART I. Enter the diseases,		t caused the dea	th Do o		70 F	OCKV	THATE	PIKE, ROC	KVIL	LE, 1		
	SHOCK, OF HABIT TAILE	re. List only one car	use on each line.	00 1	iot onter	the mo	ac or dya	ng, such	as cerdied or respi	recory arm	est,	Approximate Interval Batween	
	IMMEDIATE CAUSE (Finel disease or condition												
	resulting in death) a. Coule Carden areas												
-	disease or condition as Acute Carden arrest. But To (OR AS A CONSEQUENCE OF): Consequentially list conditions Consequentially list conditions Consequentially list conditions											5	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											200	
S	cause. Enter UNDERLYING												
Ė	CAUSE (Disease or Injury thet initiated events	OUE TO	(OR AS A CONSEQU	ENCE OF	7):		-						
	resulting in death) LAST	d											
	PART II. Other algolificent condi	tions contribution to	dooth but not d										
MEDICAL	Cryana	ions contributing to	us of	surting I	n the Un	derlying	ceuse g	iven in P	Part I. 24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS	
ā	Jugaran	- 000	a og	-	Le Bai				1 YES 2	PRO		COMPLETION OF CAUSE OF DEATH?	
	- 0		0.2						_		1	☐ YES 2 ☐ NO	
N.													
PHYSICIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)				
YS	1 YES 2 WHO		ER/Outpetient 3	DOA	4 🖰 Nun	ing Home	5 🗆 Res	ildenca 8	Other (Specify)				
표	27. MANNER OF BEATH 1 D Natural S Pending	28e. DATE OF (Month, D		28b. TIMI INJ	URY	28c. INJU WOF	RK?		28d. OESCRIBE HOW IN	JURY OCC	UREO		
B	2 Accident Investigation				M		ES 2						
	3 Suicide 8 Could not determined	pulloling,	F INJURY — At home etc. (Specify)	e, farm, s	treet, fact	ory, office			281. LOCATION (Street a: City or Town, State)	nd Number	or Rural Roo	ute Number,	
COMPLETED	29a. CERTIFIER					-							
P P	(Check only	IYSICIAN: To the best of	my knowledge, deat	h occurre	d at the ti	me, data	end place,	and due to	o the cause(s) and man	ner an state	id.		
8	2 MEDICAL EXAM	NER: On the basis of a	xamination and/or inv	restigation	n, in my o	pinion, de	ath occure	d at the ti	me, data and place, and	due to the	cause(s) s	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CHRIT	Plen					29c. LICE	NSE NUME	BER	29d. OATE	SIGNED (A	Month, Day, Year)	
2	Tryron a.	Denke	W				DO 6	167	4	> /	2/5	192	
- 1	30. NAME AND ADDRESS OF PERSON	WHO COMPLETEO CAUS	SE OF DEATH (ITEM :	27) (Туре,	Print)	2	309	51	TONEFIELD MAD	0	RD		
	INIGRON L	· GENK	1No			W	101	10/	U MO				
	31. PATTEFILITY (Month gray Year)	St. AR MERENTA	ON SHOP HORE	6									

TIMORE, MARYLAND 21215-0020 18.

1. Page 6 may be Jetsman by And histoplas be attentioning physician.

and director, page 5(30) of the dispensed for use as the burial-transit permit. Pages 1, 2, 3 should examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the carrier of the property of t

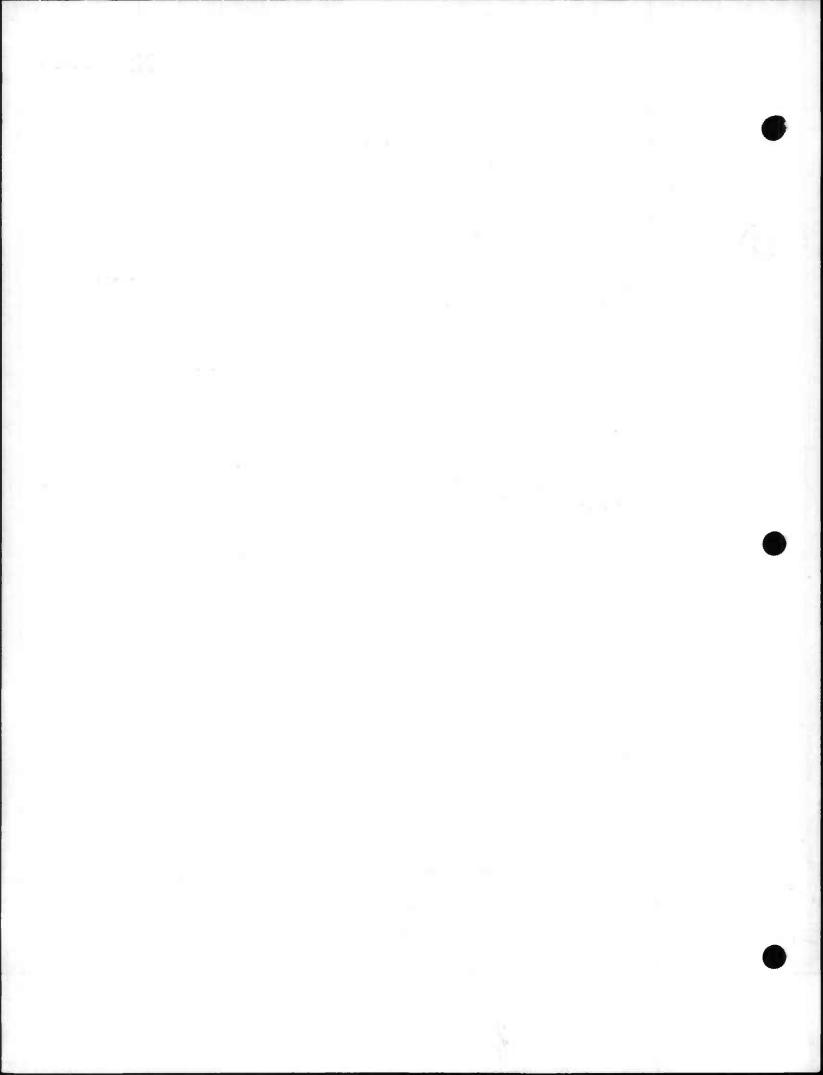
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEP. CERT	ARTMENT OF I		MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Mick GEORGE	ALBERT	DAVIS			2. DATE OF DEATH MONTH NOVEMBER	2 2, 19	3. TIME OF DEATH 10:27 Am			
400	229-05-2855	5. SEX	8. AGE (In yrs. last birthda 73 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-6-1919		BIRTHPLACE (State or Foreign Country) VIRGINIA			
TOR	THE JOHNS HO	PKINS HOSPIT	AL	1.00	ORE CITY	BALTIMORE CITY					
DIRECTOR		FAIRFAX	10c.	CITY, TOWN OR LOCA ALEXANDR			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	7817 YORKTOW	N DRIVE		10	2230	8	10g. CITIZEN	OF WHAT COUNTRY?			
à l	11. MARITAL STATUS 1 Never Married 2 Marr 3 Wildowed 4 Divorced	fed FORCES? 1	T EVER IN U.S. ARMED YES 2 NO NO DATES	If yes, sp		NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:		. RACE — American Indian, Black, White, etc. Specify: CAUCASIAN			
COMPLETED	15. DECEDER (Specify only high Elementary/Secondary (0-12)	NT'S EDUCATION heaf grade completed) College (1-4 or 5+	(Ghre kind life. Do NO	T'S USUAL OCCUPATE of work done during m T use retired.) ORNEY	ON ost of working		USINESS/INDUS	TRY			
BE COM	17. FATHER'S NAME (First, Middle, ALBERT G DAV	Last)				ME (First, Middle, Meide RA FORD		OHITANI			
10	194. INFORMANT'S NAME (Type/PELIZABETH J		7817	YORKTOWN	DRIVE A	Route Number, City or 76 LEXANDRIA	, VA 22	308			
	20a, METHOD OF DISPOSITION 1	olfy)	20b. PLACE AND DA cemetery, cremetery MOUNT C	TE OF DISPOSITION (N of other place) OMFORT CR 22. NAME A	EMATORY NO ADDRESS OF FA	11/23 A	EXANDR				
	23 PART I. Enter the disease	400	Sch	DEMAI ALEXA	NE FUNER NDRIA, V	AL HOMES, IRGINIA 22	2314				
	shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	failure. List only one ceu	se on each ilne.		ode of dying, suc	h as cardiac or rea	piratory arresi	Approximate interval Between Onset and Death			
CERTIFICATION		DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	METASTAT	TH. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. METASTATIC SQUAMOUS CA SUBARACH NOID HEMORRH AGE 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO									
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DO/	OTHER:	LACE OF DEATH (Ch	eck only one) 6 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1 Seture: 5 Pend 2 Accident Inves	28e. DATE OF (Month, De	INJURY 28b.	TIME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
3	3 Suicide 6 Could 4 Homicide deter	mined building,	F INJURY — At home, farr etc. (Specify)			281. LOCATION (Stree City or Town, Stat	•)	Rural Route Number,			
COMPLE	one) 2 MEDICAL							suse(e) and manner ee stated.			
IO BE	29b. SIGNATURE AND TITLE OF C LOUIS 30. NAME AND ADDRESS OF PER	Armstu	E OF DEATH ATEM 27 (2	Some Strings	29c. LICENSE NUI	MBER	29d. DATE S	GNED (Month, Day, Year) 22/9.7			
	KARMSTR	ONG 60	DO N W	OUFE	ST B	ALTO	MD	21210			
	DEC 02 '97	Julia David	ASSIGNATURE								

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	100	Pe	9	E
	1 24	y fil	rtion	190
	TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune	he find within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked or item 23 shows now injury or other fraumatic event the madical even
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FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) Way	ne William	Edmondsor	1,	2. DATE O		YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 579-28-6274	5. SEX 6. AGE (In yrs. I	est birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	7. DATE OF	7,1926	8. BIRTH Countr	PLACE (State or Foreign		
90. FACILITY NAME (If not institution, give : SOUTHERN M	atreet and number) D HOSPIT	-	TOWN OR LOCATION OF		9c. (COUNTY OF D			
SOUTHERN M RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Prince	**	10c. CITY, TOWN					10d. INSIDE CITY LIMITS?		
		Teur	ole Hills 101. ZIP CODE		10g.	CITIZEN OF W	1 TYES 2 X NO		
100. STREET AND NUMBER 7010 Loch Raven 11. Marital Status		OMED 12	20748			U.S.			
3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. A FORCES? 1 XYES 2 FIF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mex 1 YES 2 ND Spe	ican, Puerto Ric	(specify res or rec can, etc.)	Speci	— American Indian, , White, etc. ly: asian		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	DECEDENT'S USUAL O (Give kind of work done fe. Do NOT use retired.)	during most of working		IND OF BUSINESS				
Elementary/Secondary (0-12) 12-th 17. FATHER'S NAME (First, Middle, Last)	N/A M	ail Handl			J.S. Pos		rvice		
Leonard Welli	ington Edmondson	1			hel Evai				
19a, INFORMANT'S NAME (Type/Print)	1		S (Street and Number or Rur						
Grace H. Landing	son	Same as	10A-F						
20g. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	20b. PLACI competery, c	EAND DATE OF DISPOS	e Veterans	2 92 PATE	20c. LOCATION				
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE Li			NAME AND ADDRESS OF				Maryland		
- Marin	7/1	6	633 Old Ale	xander	Ferry I	Rd Cli	ome, Inc. nton, Md207		
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Chroniu UB	structive	the mode of dying, s			arreat,	Approximata interval Between Onset and Death HOW YRS		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algorificant condition	ns contributing to death but not	resulting in the un	nderlying ceuse given	1.5	24a. WAS AN AUTOF PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
							1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	Check only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO 27. MANNER OF DEATH	HOSPITAL: 1 2 Inputiont 2 ER/Outputient	3 DOA 4 Nur	R: sing Home 5 🗆 Residenc	e 8 🗆 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESC	RIBE HOW INJURY	OCCURED			
2 Accident Investigation	28 - DI ACE OF IN HIDY ALL	M	1 YES 2 NO						
4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, building art, Specify).								
- 1	ER: On the best of my knowledge, of ER: On the bests of examination and/o						and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE N	IUMBER	29d.	DATE SIGNED	(Month, Day, Year)		
o treshol low	um pos		W/18	2/3		11/18	142		
D 30, NAME AND ADDRESS OF PERSON WY	HO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print) CUM)	100 mis	w 2	- ענכט	11/18	/42		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may require that hospital or attending physicia	1. Puge 5 maybe retained by the hospital or	attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral timeses.	aral director, these presents in detached for u	se as the burial-t
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.		
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified once.	niner must be notified at once.	

N. Ranjithan M.D., 5
31. DATE FILED (Month, Day, Year)
DEC 1 4 1992

517 Oldtown Rd.
32. REGISTRAR'S SIGNATURE

1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		ERTIFICAT			MENTAL HYGIEN REG. NO 2. DATE OF DEATH		3. TIME OF DEATH		
1	OTTO F.	EMMERLING				12 02	19	92 1855 P		
L	4. SOCIAL SECURITY NUMBER 5. S	8. AGE (In yrs. las		DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-01-18	8.	BIRTHPLACE (State or Foreign Country)		
	Se. FACILITY NAME (If not institution, give street a		9b. CI	ITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY			
CTOR	Allegany Co. Nurs	sing Home	С	UMBE	RLAND		AL	LEGANY		
DIRE	10a. STATE 10b. COUNTY	LaVa		ON			10d, INSIDE CITY LIMITS? 1 X YES 2 NO			
ERAL	10e. STREET AND NUMBER 700 Braddock Aver	nue		101.	ZIP CODE 21502		10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNER	I I I Hotel mailed 2 mailed	WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X I IF YES, GIVE WAR OR DATES	NO 1	If yes, spe		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No 14.	RACE — American Indian, Black, White, etc. Specify: white		
8	15. DECEDENT'S EDUCATIO	DN 16a, DE	CEDENT'S USUAL	OCCUPATIO	N	16b. KIND OF BUS	UNESS/INDUST			
	Elementary/Secondary (0-12) Co	oleted) (G life life (1-4 or 5+)	ive kind of work dor Do NOT use retired	ne durina mos	t of working		ertisir			
ONCE.	17. FATHER'S NAME (First, Middle, Last)		TCCTTCG		18. MOTHER'S NA	ME (First, Middle, Malden		19		
BEC	1 6 \				(nm		,			
10 8	II 19a. INFORMANT'S NAME (%na/Print)	19	b. MAILING ADDRE	ESS (Street ar	d Number or Rural	Route Number, City or Tow	n, Stata, Zip Coo	ole)		
) [Mr. Edward E. Rob	perts	700 Brad	ddock	Avenue	LaVale, MD				
1	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal	from State 20b. PLACE a	AND DATE OF DISP	OSITION (Nat	Garden:	DATE 20c, LO		or Town, State		
E	4 Donation 5 Other (Specify)				Garden		aVale,			
medicai examinte must	· Jamas 7	2 Shanni	11:	Scar	pelli F	uneral Hom	е			
dicai	23. PART I. Enter the diseases, or comp	olications that caused the de	eeth. Do not ent	ler the mod	le of dying, suc	h as cardiac or respi	ratory arrest			
ê	IMMEDIATE CAUSE (Final disease or condition	shock, or heart fallure. List only one ceuse pn/stach line. IMMEDIATE CAUSE (Final disease or condition								
event,	DIE TO (AR AS A CONSEQUENCE OD)									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
y, or other traumatic CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):								
3	DART II Other elgolffood conditions on	ntributing to death but not i	resulting in the	underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
shows any inju	Corn	ey play	Disea	se)	old ag	PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
23 s				00.54	OF OF DELTH O					
SICI,	EXAMINER? 1 YES 2 NO 1	OSPITAL:	OTH	ER:	S - Seeldene					
is marked, or item 23 s D BY PHYSICIAN:	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	IRY AT	□ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED				
œ Ш	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	J ome, farm, street, fi			281. LOCATION (Street a City or Town, State)	and Number or F	Burel Route Number,		
ANT: If Item 2		: To the bast of my knowledge, de						ruse(s) and menner as stated.		
		8		-	29c. LICENSE NUI					
D BE COL	296. SIGNATURE AND TITLE OF CERTIFIER	. 1		- 1	THE PICTURE NO	moreon	NAME PARTY OF	GNED (More, Day, Year)		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal:	IMPORTANT: If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examine
THE HOSPITAL OR AT	THE FUNERAL DIRECT filed within 72 hours a	PORTANT: If item 2
2	2 3	=

DEC 03

92 35926 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH JEAN. ANN EVERETT 1:45 A. DECEMBER 1992 7. DATE OF BIRTH (Month, Day, Year)
MAY 16, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 579-32-2747 DAYS HOURS 1 M 2 X F 64 YRS. 1928 WASHINGTON, DC Sa. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 13700 LOREE ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 18e. CITIZEN OF WHAT COUNTRY? 13700 LOREE LANE 20853 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 TONO ВY Specify: Specify 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 PRODUCTION SUPERVISOR VITRO LAB notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EUGENE LARKIN CATHERINE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DONALD F. EVERETT, SR. 13700 LOREE LANE, ROCKVILLE, MD 2 20s. METHOD OF DISPOSITION
14 Burial 2 Cremation 3 Ram
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must GATE OF HEAVEN CEMETERY 12/3 SILVER SPRING, MD examiner 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., M 0 MD 2090 medicai 23. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate e. List only one cause on each line. Interval Bety IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition wancen resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Nydronepholos PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (QR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST ir death with the State Dept. of Health and Mental is marked, or item 23 shows ony injury, o PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DEȘCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending BY 1 YES 2 ND 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER (Check only one)

Approach Examinating One)

Approach Examinating One of the course (a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Suson Monta 12-1-97 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) ALISON MARTIN, M.D. 5401 WESTERN AVENUE, NW, WASHINGTON, D.C. 20015

THE HEGIS THAT SISIGNATURE AS TO

BALT MORE, MARYLAND 21215-0020	. Now because the prairies by the hospital or attending physician.	ral of your pain is should be detached for use as the burial-transit permit. Pages 1, 2, 3	iner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death, the executed by the hospital or attending physician.	TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of words and some steen death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IO	TO THE HOSPITAL DR	TO THE FUNERAL DIRI	IMPORTANT: If item 28 is

phone

REG. NO. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH I 25 PM M 2. DATE OF DEATH MONTH e/MAN 92 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country)
AIR KANSAS DAYS 1 1 2 F BHTHOM HOURS MIN 429-34-6475 YRS. 9s. FACILITY NAME (If not institution, give street 9b. CITY. TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH CARRINGE HIL DIRECTOR NUESING ER SILVER SPRING MONTGOMERY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9101 2ND AVENUE 20910 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Wildowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) ADMINISTRATOR HEW 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROY G ESHELMAN BE NELLE WILKERSON 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM P. ESHELMAN (SON) 1016 S. WAYNE STREET ARLINGTON, VIRGINIA 22204 20s. METHOD OF DISPOSITION
1 Burlai 2 Scremation 3 6
4 Donation 5 DOther (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stats cemetary, crematory or other place) METROPOLITAN CREMATORY ALEXANDRIA, VIRGINTA UNERAL SERVICE LICENS 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. **Approximate** Interval Batween IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) ef DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO disorder COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | .NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 THO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DO 1355 ► 12.1.9× 30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2 Gerrar M.D. 8830 Canera St. Pilver (pring. asm 31. DATE FILED (Month, Day, Year) 3. REGISTBAR'S SIGNATURE DEC 05

ALC: ALC: NO.

retained by the hospital or attending physician.

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MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF ATTENDING DINCIPLANT. The law requires that the death and iffends he accounted within 24 to
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 3:00 LOUIS MOHR EULER 12-2 7 4. SOCIAL SECURITY NUMBER 5 SEX 7. DATE OF BIRTH (Month, One Your) 20 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Maryland DAYS 215-14-5144 71 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery Washington Adventist Hospital Takoma Park FUNERAL DIRECTOR RESIDENCE OF DECEDENT Silver Spring 10d, INSIDE CITY CIMITS?
1 YES 2 NO Maryland Montgomery 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10416 20901 United States Brookmoor Court use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 NES 2 1 Never Married 2 Married BY 1 TES 2 NO Specify: spec#White 3 Widowed 4 Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Washington Suburban San Elementary/Secondary (0-12) Operations Division Engineer tary Commission detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Agnes Louise Mohr Frederick John Euler notified at blooks 5 speud 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
10416 Brookmoor Ct., Silver Spring, Md. 2 20901 Doris Euler Pe 20b. PLACE AND DATE of DISPOSITION (Name of Program Pr 20a. METHOD OF DISPOSITION
1 □ Burial 2 ☑ Cremation 3 □ Re must 4 ☐ Donetion 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hines-Rinaldi Funeral Home, 11800 New Hampshire Ave., Silver Spring, Md. 20904 removal or remova 23. PART I. Enter the diseases, or combications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, abock, or haert feliure. Liet only one cause on sech line. Approximata intervel Between IMMEDIATE CAUSE (Final Onset and Death n and completely fille to burial, cremation, disease or condition 鲁 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, multiple myelona traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the Frocture AVAILABLE PRIOR TO holoa amy IC COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO shows Lut Hi O 1 YES 2 NO t. of h PHYSICIAN: has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMPLER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) certificate h ftem HOSPITAL: OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) -27. MANNEB-OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 Netural
2 Accident
3 Suicida 5 Pending Investigation 1 YES 2 NO After t BY 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 09 ED 6 Could not be detarmined DIRECTOR: hours after 4 Homicide 28 H item 29e. CERTIFIER (Check only one)

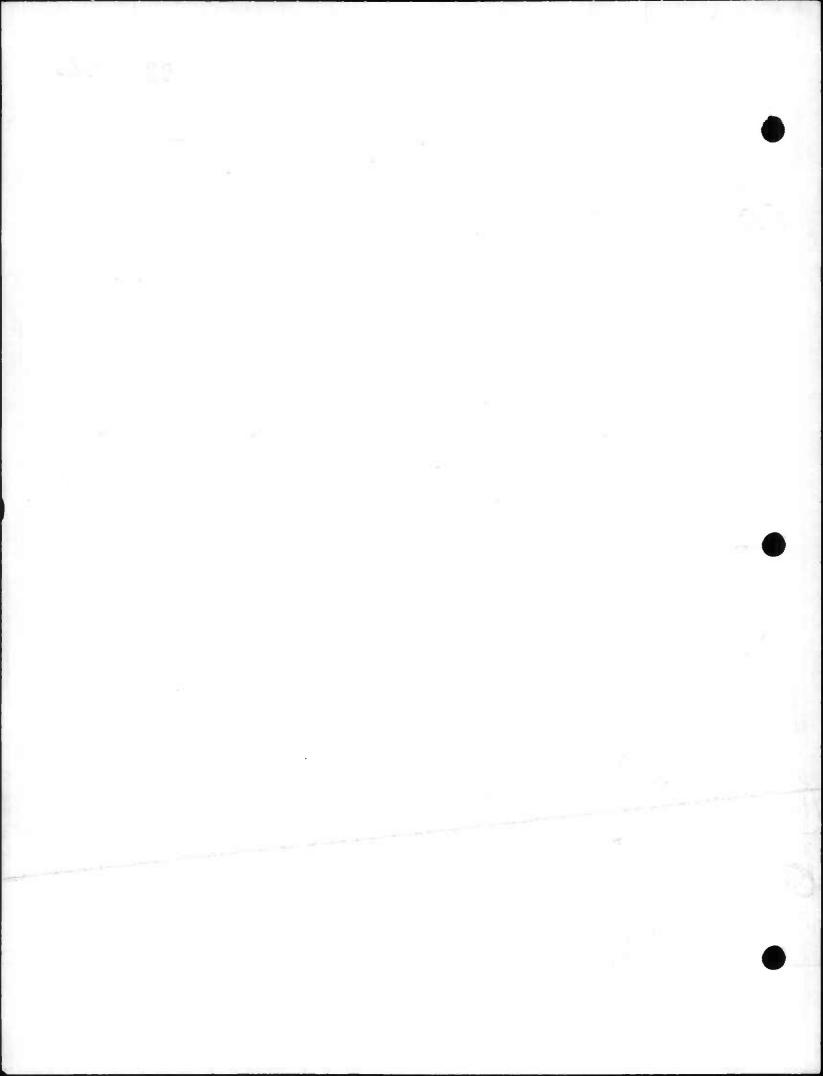
ABFRICAL EVAMINES: On the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. COMPL THE HOSPITAL (
THE FUNERAL D
filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Our ber D082 12-4-92 2 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) sethers de 3218615ansin 1 au ber pu 2 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE his Davidson Randelle 0x '02

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SIAIE UF					DEAT		MENTAL	REG. NO				
16	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEAT	4
- "	Floyd Sar	nuel Fre	nch. Jr.						MONTH 11		23	YEAR	1:08	DM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last to	virthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C	VE BIRTH	<u>. J</u>	a. BIRTI	HPLACE (State or For	
- 8	579-68-6418	tXXM 2 ☐ F	40	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	18,	1952	Wash	nington,	DC
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATIO				_	UNTY OF D		
E	15605 Croom Airo		Upper Marlboro Prince George's											
DIRECTOR	15605 Croom Airport Road				Upper Mariboro Prince George's									
#	Maryland Prince	r ce George	,Ic		Y, TOWN		boro						10d. INSIDE CITY LIMITS?	
	Marytand Film	ce George	5	-0	ber	MOLL	TOTO	<u>'</u>					1 TYES 2 X	но
₹	10e. STREET AND NUMBER					101	ZIP CODE				10g. CI	TIZEN OF	WHAT COUNTRY?	
ij.	15605 Croom Airp	ort Road					20	772			1	U.S.	. A.	
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARME						NC ORIGIN	(Specify Yes	s or No—	14, RAC	E — American India k, White, etc.	n,
ΒY	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES				2 XHO			, o.c.,		Spec	"White	
	15. DECEDENT'S ED	I							1				WITTE	
1	(Specify only highest grad	le completed)	(G/ve	kind of	USUAL O work done se retired.)	during mo	M st of workin	g		KIND OF BU			County	
2	Elementary/Secondary (0-12)	College (1-4 or 5	Polic			10.20				lice I		_	_	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	4	POLIC	je (TITC	er	44 14077	EDIO MAI		LICE I	_		IL	
	Constitution of the Helphane	onah Cu									Sumeme)			- 1
BE	Floyd Samuel From 19a. INFORMANT'S NAME (Type/Print)	enen, st.		MAII IMC	ADDRES	C /Ctenat a			ornw	er, City or Tow	- Cut 7	lla Cardal		-
2	Michele R. Frenc	h											4d.20772	
	20a. METHOD OF DISPOSITION	11	206. PLACEAN					L RO		20c. LO				-
	1X Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	cemetery, creme	atory or o	ther place)	moit-	277	11_	28-0	2 Bron	ntwo		aryland	
- 4	21. SIGNATURE OF JUNERAL SERVICE L	ICENSEE	1 -	1001	22.	NAME AN	D ADDRES	S OF FAC	ALTY A	e Fund	eral	Home	inc.	
	N/m. 1 R	1 0											Clinton,	Md.
	23. PART I. Enter the diseases, or	1000		1 5	- 1									$\overline{}$
	shock, or heart failure.	List only one ca	use on each line.	n. vo i	not enter	the mo	de or dy	ng, sucr	n aa card	ac or reap	iratory a	rrest,	Approxima Interval Be	tween
- 1	IMMEDIATE CAUSE (Final disease or condition	Ach											Onset and	Death
	resulting in death)	a. //37	TO cy to	M										
_		Sei	344 -	D	r).	10							İ	
0	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
¥	cause. Enter UNDERLYING	if any, leading to immediate												
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQU	ENCE O	F):									
CERTIFICATION	resulting in death) LAST	d												- 1
	PART II. Other significant condition	na contributing to	death but not rea	ultina	in the ur	dodulac		dans in	Boot I	04- 1400 444	ALITODAN		WERE ALTRODOV OF	
CAL		- Contributing to	Geath Dot not 14s	untinig	iii tire ui	ruerrynrs	cause g	iven in	Pairt I.	24a. WAS AN PERFOR	RMED?	248	AMAILABLE PRIOR 1 COMPLETION OF C	O
	0								- [1 TYES 2	NO		OF DEATH?	
Σ									- 1				1 - YES 2'Y	0
AN	25. WAS CASE REFERRED TO MEDICAL	1				24 01	ACE OF O	EATU (Che	eck only one	-1				
PHYSICIAN: MED	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐	1004	OTHE	R:	-1			17				
Ĭ	27. MANNER OF DEATH	28s. DATE OF	FINJURY	28b. TIM	E OF	sing Hom 28c, INJ	\rightarrow	sidence	6 Other	(Specify)	NJURY O	CCUREO	·	
	1 Natural 5 Pending Investigation	(Month, I	Day, Year)	INL	JURY M	1 🔲 1	RK? 'ES 2	NO						
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE (OF INJURY — At home	o, ferm,	street, fact	tory, offici			28f. LOCA	TION (Street	and Numbe	er or Rural	Route Number,	\neg
COMPLETED	4 Homicide determined	bullaing	, etc. (Specify)						City o	or Town, State)				- 1
E I	29a. CERTIFER 1 CERTIFYING PHYS	SICIAN: To the heat o	f my knowledge death	h occurs	ad at the t	ima data	and plans	and due	to the same	(1)(-)				
₹	(Cheel linly one) 2 MEDICAL EXAMIN												e) and menner se et	thed
	29b. SIGNATURE AND TITLE OF CERTIFIE	-												
BE		T. /					ZWC. LICE	INSE NUM	nber		29d. DA	ITE SIGNE	(Month, Day, Year)	- 1
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	ISE OF DEATH (ITEM :	27) (500	Print		D	244	1			11-	27-72	
	Veronica /	-Tenk	n s	6//		0/4	7	16	~/	Ano		110	de H.11	nd.
	31. DATE FILED (Month, Day, Year)	0 32. REGISTR	AR'S SIGNATURE	- / 6		-19	10	11 41	10	1110		1 Cpu	247115	1114
	DEC 05-1982	Julia David	AR'S SIGNATURE	•								/	10/48	- 1

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTA	L HYGIENE	26	, J	5 5 0 0
1. DECEDENT'S NAME (First, Middle, Norbert H.	enry Forst	JR.			2. DATE MONT	OF DEATH		EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 060-05-9520		n yrs. lest birthday) 82 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH		Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution,			9b. CITY, TOWN	OR LOCATION OF D		29-10	9c. COUNTY		Y
7 Seminary I			Elkton Cecil						
RESIDENCE OF DECEDEN	OUNTY	10c CITY	Y. TOWN OR LOCA	TION					A MINIST CITY
MD	Cecil	100.011	Elkt					2,000	I. INSIDE CITY LIMITS? YES 2 \ NO
10e. STREET AND NUMBER				H. ZIP CODE			10g. CITIZEN		COUNTRY?
7 Seminary	Lane			2192	21			USA	
11. MARITAL STATUS 1X_Never Married 2 Married 3 Widowed 4 Diverced	12. WAS OFCEDENT EVER IN	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 8 2 X NO Spec	an, Puerto	N? (Specify Yes Rican, etc.)	or No: 14	. RACE — . Black, Wi Specify:	American Indian, hite, etc. White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION grade completed) College (1-4 or 5+)		vork done during n e retired.)	ost of working	161	. KIND OF BUSI			
17. FATHER'S NAME (First, Middle, La	st)	cnie	f Offi	18. MOTNER'S N	AME (First		S Nav	/У	
Norbert For	st			Mar	rgar	et Fla	nner	У	
19a. INFORMANT'S NAME (Type/Print Betty M. Cha				and Number or Aural Park Ct					2032
20e. METHOD OF DISPOSITION 1 Durial Cremation 3	Removal from State cem	PLACE AND DATE O			DAT		ATION — City		
4 Donation 5 Other (Specify,) R		ris	12/11/		W.C	hest	er, P	'A
Alls,	I the		Gee	Funeral on, MD	LHom		E.	Main	St.,
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	.	CONSEQUENCE OF							Interval Between Onset and Death
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	CONSEQUENCE OF							
PART II. Other significant con	ASCVD	ut not resulting i	n the underlyli	ig cause given in	n Part I.	24s. WAS AN A PERFORI 1 TYES 2	MED?	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. I	LACE OF DEATH (C	heck only o	ne)			
1 - YES 2 - NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Outp		4 Nursing Ho	ne 5 🗆 Residence	_				
1 Netural 5 Pending		26b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED	
2 Accident Investige 3 Suicide 6 Could n 4 Homicide determine	28e, PLACE OF INJURY building, stc. (Spec	— At home, farm, a			261, LOC City	CATION (Street ar or Town, State)	nd Number or	Rural Route	Number,
	PNYSICIAN: To the best of my know							ause(a) an	d manner as stated.
296. SIGNATURE AND TITLE OF CER				29c. LICENSE NU	MBER 3	3	29d. DATE S	S 8	prh-Day, Year)
30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CAUSE OF DE		Print)		100				
31. DATE FILES CONT. 10 92	guha Davido	on-gandell	-						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

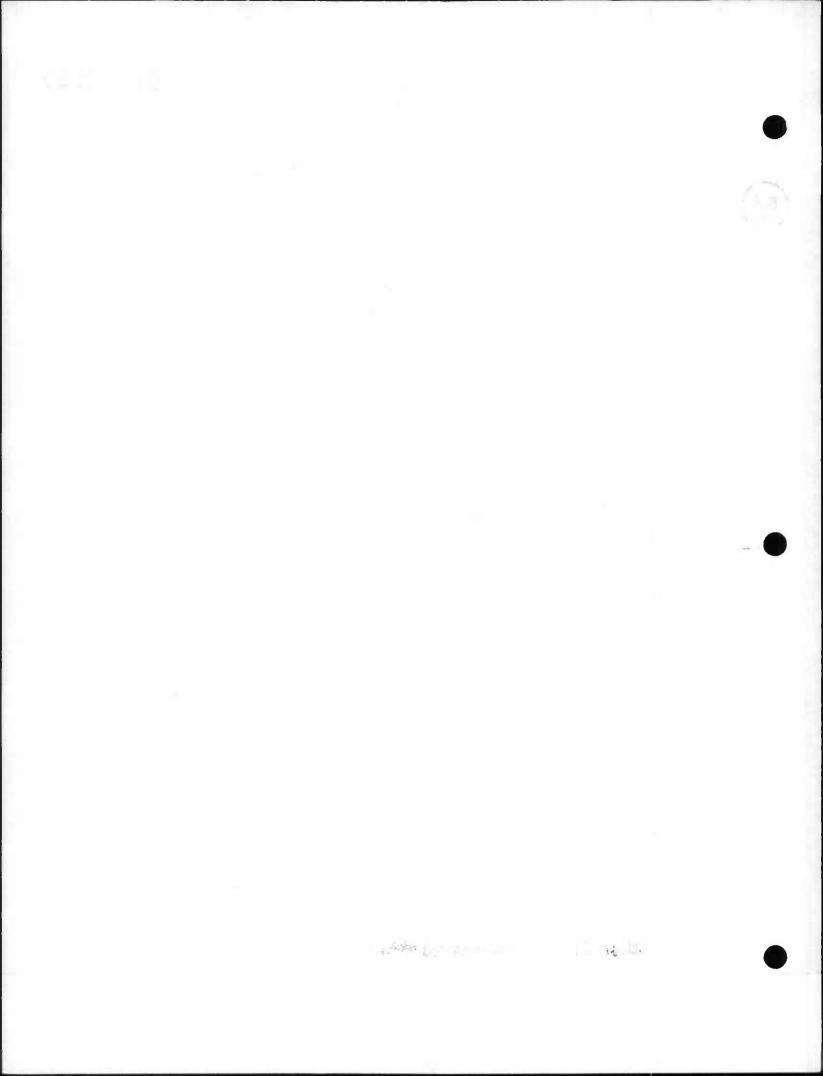
TO THE FINERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiere prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BA	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	leath. Page 6 may be retained by the hospital or attending physi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	funeral director, page 5 should be detached for use as the buria
IMPORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	xaminer must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Firetine	000			2. DATE OF DEATH BY	AY YE	3. TIME OF DEATH 3. 15 P M		
19	U IK	SEX 6. AGE (III		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. (BIRTNPLACE (State or Foreign Country)		
_	370 30 3270	9a. FACILITY NAME (If not lightfution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF REATH								
СТОВ	Alleates Agurel					Prince George's				
DIRECTOR	Maryland Prince							10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO		
	10e. STREET AND NUMBER	overhe b	1 New		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	6105 Lamont Drive 11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	20784 ENDENT OF NISPANI	C ORIGIN? (Specify Yes	U.S.A	RACE - American Indian.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			2 NO Specify:			Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON spleted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo-	N st of working	16b. KIND OF BU	SINESS/INDUST			
APLE	12th Grade	college (1-4 or 5+)	Homemake			Own Hor	ne			
8	17. FATHER'S NAME (First, Middle, Lest) Anastasios So	201120405				NE (First, Middle, Maiden				
) BE	19a. INFORMANT'S NAME (Type/Print)	couperas	19b. MAILING AD	DRESS (Street a	Chryson Rural Ro	ula oute Number, City or Tow	Theodor			
5	Mary P. Watson		6105 La	amont D	rive. Ne	w Carrolli				
	26a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF D stary, crematory or other Lincoln	isposition (Na place) Cemet	_{meol} erv 12/0	DATE 20c. LO	ntwood	or Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	/	22. NAME AN	D ADDRESS OF FAC	Sons Fur				
Щ	A Constance	Mase	h	4739 B	altimore	Ave., Hyat	tsvill	e. MD 20781		
	23. PART i. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on ea	ch line.	enter the mo	de of dying, such	as cardiac or respi	iratory arrest,	Approximate Interval Between Doset and Death		
	disease or condition resulting in death) a	C A	CONSEQUENCE OF):	mn	571	<u> </u>				
Z	Sequentially list conditions,	COMO	MONY Y	MON	14 118	5/B5				
ATIO	if any, leading to immediate cause. Enter UNDERLYING	S / S I	CONSEQUENCE OF):	E 09:						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
	PART II. Other significent conditions or	oméribueixa de destible								
ICAL	CEN B	M MUM	FLWM	ne underlying	ACC()	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	HYPL	MIDNA	In					OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chec	ck only one)				
YSIC	1 U YES 2 NO 10	OSPITAL: Inpatient 2 ER/Outpe	itient 3 DOA 4		5 Residence 8					
ву Рн	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO		28d. OEŞCRIBE NOW I	NJURY OCCUR	ED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide getermined	28e. PLACE OF INJURY building, etc. (Specia	— At home, farm, stree	t, factory, office		281. LOCATION (Street is City or Town, State)	and Number or F	Rural Route Number,		
LET	29a CERTICIER	: To the best of my knowle	idge, death occurred a	the time date	and place and due to	o the counte(e) and man	and as stated			
COMPLETED								use(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	m	DAM	n	29c. LICENSE NUME	BER	29d. DATE SI	GNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	nt)	<u></u>			0- 11		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							
	DEC 0 1 1992 &	a Sociedan Bro	d.00							



DHMN-15 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARY AND 21215-0020

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U NE HUSPLIAL UK ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m. Verting Inc. or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, much consistence in the within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burfal, cremation, or removal.	H
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31. DATE FILED (Month, Day, Year)
DEC 04 92

32 REGISTRAR'S SIGNATURE
GENIA DAVIDO A RANDON

	FOR	STATE OF MARY	AND / DEDAD	TMENT O	E UEALTU AND	MENTAL HYGIEN	92	3	5932	
	1 - STATE REGISTRAR	OINIE OF MAILI	CERTIF	CATE (OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)			.0.		2. DATE OF DEATH		_	3. TIME OF DEATH	
	Elwan	1/12/	16041	Ful	. /	MONTH D	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	10510	1114	/4	12 2		147		
	577-07-9357	1 M 2 X F	(In yrs. last birthday) 80 YRS.	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) June 4, 1	912	Count	HPLACE (State or Foreign ry) hington, DC	
	9a. FACILITY NAME (If not institution, give atn	set and number)		96. CITY, TO	WN OR LOCATION OF I		_	INTY OF D		
DIRECTOR	Charlestown Retirement Center Baltimore, Baltimor						more			
OH I	10a. STATE 10b. COUNTY		10c, CITY	TOWN OR L	OCATION				10d. INSIDE CITY	
		ltimore Baltimore					1 X YES 2 NO			
Ž.	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CI1	IZEN OF	WHAT COUNTRY?	
w .	711 Maiden Choice	Lane			2122	28	II	.S.A		
BY FUNERAL	11. MARITAL STATUS 1. XNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes	DECENDENT OF HISP/ s, specify Cuban, Mexic YES 2 XNO Spec	ANIC ORIGIN? (Specify Yea cen, Puerto Rican, atc.)		14. RACI	E — American Indian, k, Whita, etc.	
0	15 DECEDENT'S EDUC	ATION	in the second						White	
COMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPA (Give kind of work done during life. Do NOT use retired.)			PATION g most of working	16b. KIND OF BUS	SINESS/IN	DUSTRY			
M	12		Comptro	ller		Gaslig	ht Co	0.		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)			
BE	John W.	Finn			M	largaret T	innei	t		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str		Poute Number, City or Tow				
2	Mrs. Margaret Cool	5				y Chase, M				
	20e. METHOD OF DISPOSITION	201								
	11 Burla! 2 Cremation 3 Removal from State 200. PLACE AND DATE CONTROL									
	21. SIGNATURE OF FUNERAL SERVICE LICE	1X Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Ft. Lincoln Cemetery 12-7 Brentwood, MD								
	JOS JOS			AND AODRESS OF FACILITY SEPH GAWLER'S SONS, INC. 30 Wisc. Ave., NW Wash., DC 20016						
	23. PART I. Enter the diseases price	mplications that cause	d the death. Do s	31	30 Wisc.	Ave., NW V	wasn.	, DC		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory errest, ahock, or heart failure. List only one cause on each line.							Approximate interval Between		
	IMMEDIATE CAUSE (Final Onset and Death									
	disease or condition resulting in desth) e. Sepain Mossible Museumonica									
		DUE TO (OR AS	A CONSEQUENCE OF	:						
ALION	Sequantielly list conditione, it sny, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST d									
_	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY FINDINGS									
₹		contributing to death t	out not resulting in	the under	ying cause given in	Pert I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
5						1 _ YES 2	CANO		COMPLETION OF CAUSE OF DEATH?	
ğ									1 YES 2 NO	
اخ										
<u> </u>	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
2		EAMINER! OTHER:								
PHISICIAN: MEDICAL	27. MANNER OF DEATH					JURY AT 28d OFSCRIBE HOW IN HIRV OCCUPED.				
	1 Naturet 5 Pending	Neturet 5 Pending (Month, Dsy. Year) Pending WORK? Accident Investigation I YES 2				YES 2 NO				
0										
3	3 Sutcide 8 Could not be 4 Homicide datarmined	building, etc. (Spe-	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	- Cartiffied									
29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
									and manner so stated	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER									
2	THE OF CERTIFIER		29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)							
5	20 MANUS AND ACTIONS OF PERSON WAS ASSESSED.					173401-3 1/L/L/82				

[40/celo402/22

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1.	SAMMIE	Middle, Lest)	GRAY					III XX	2. DATE OF DEATH 11/26/92	AY	VEAR	OOPM	
	, social security numb +28-52-2778		SEX	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Qey, Year) March 15	, 1927	Course	ACE (State or Foreign SSISSIPPI	
	PRINCE CEOR		A STATE OF				VERL	OR LOCATION OF DI	ATH	PRINCE GEORGES			
10 N	Maryland	10b. COUNTY	e Georg	e¹s	10c. CIT	Y, TOWH (OR LOCA	Templ	e Hills	.1s 10d. Inside Limits 1%) yes			
	2523 Sout						10	1. ZIP CODE 20748				A.	
1	MARITAL STATUS Never Married 2 Wildowed 4 Divo	Married	2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF YES 2 X	RMED		If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	I4. RACE — Black, V Specify:	American Indian, white, etc. Black	
F	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(G	_	work done se retired.)	during m	ost of working	16b. KIND OF BU			drawa Sta	
17	12th grade FATHER'S NAME (Flost, M John Gray	ddle, Last)			Custo	xalan	1 (1)		nce) F.L. Wa ME (First, Middle, Maiden Lair		в паго	Iware Sco	
	Miss Jennif		(Daugh						#204 Temp		,	Md. 207	
12	Da. METHOD OF DISPOSITI	n 3 🗆 Remove (Spee(ly)		20b.PLACE competery, cre Harm	AND DATE (emetory or o ONY	Memc Memc	ria	l Park	12/2/92				
21	SIGNATURE OF SUREMA	SERVICE UGEN	uld	7					Mai Home, ace, N.E.		D.C.	20019	
interval interv										Approximate Interval Betwee Onset and Daar			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Methiculies Replaced Stoppy Coops Due to (or as a consequence of): c. Survey Underson of the Coops Due to (or as a consequence of): d													
P	A	der me der ker Diabel	contributing to	dooth but not in the ple weeker	Cardial and artis Lity Mass an Autopsy Performed? 1 Yes 2 KNO					RMED?	CC	THE AUTOPSY FINDING MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?	
25	S. WAS CASE REFERRED TO EXAMINER?	H	OSPITAL:		1	OTHE	R:	LACE OF DEATH (Ch					
27		Pending rivestigation	28e. DATE OF (Month, D		28b. TIM	_	28c. IN.	JURY AT DRK? YES 2 NO	8 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCU	IRED		
	3 Suicide 6	Could not be latermined	28s. PLACE O building,	F INJURY — At ho etc. (Specify)	ome, farm, :	street, fact	tory, offic	:0	281. LOCATION (Street City or Town, State)	and Number o	r Rural Rout	a Number,	
29									to the cause(s) and man time, data and place, an			id manner as stated.	
29s. CERTIFIER (Check only 1 o									S 2				
JOSLINDER SSIDEN 7525 GREENWAY CONTER DR. GREENRELT MD 20.											20770		
1	DECO	1992	guna.	Day OSON-	fandel	e-							



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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN

TAL	HYGIENE	36	2232
	REG. NO.		

	1 - STATE REGISTRAR				F DEATH	REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	FRANK JOSEPH GROME					December		1992	1325	М	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs.	. last birthday)	IF UNDER I YEA		7. DATE OF BIRTH		B. BIRTH	PLACE (State or Forei	gn	
	164-14-8585 1XIM	2 □ F 71	YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) Sept. 8, 1	921	Pen	m nsylvania		
	9a. FACILITY NAME (If not Institution, give street and no	umber)		9b. CITY, TOW	N OR LOCATION OF D			JNTY OF D			
DIRECTOR	Union Hospital of Ce	cil County		Elkto	n		Ce	cil		- 1	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		T and and								
E	Maryland Cecil		100	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER		ET	kton					1 X YES 2 N	0	
HA I	CONTRACTOR OF				10f. ZIP CODE				VHAT COUNTRY?		
FUNERAL	701 East Pulaski High	DECEDENT EVER IN U.S.		1 11 11110	21921			S.A.		_	
	1 Never Married 2 X Married FORG	CES? 1 YES 2		If yes,	specify Cuban, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No-		— American Indian, c, White, etc.		
ВУ	3 Widowed 4 Divorced	S, GIVE WAR OR DATES		1 ' '	ES 2 ND Speci	ly:		Speci	™ Lian/Dutc	h	
0	15. DECEDENT'S EDUCATION	16a.	DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/IN			-	
ᄪ	(Specify only highest grade completed) Elementary/Secondary (0-12) College	(1-4 or 5+)	life. Do NOT us	work done during se retired.)	most of working						
AP.	9		Truck	Drive	:	Auto Tr	ansp	orti	ng		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)				
BE (Anthony Grome					Elizabeth	Van	Lind	en		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zi	ip Code)			
-	Marie J. Grome		701	East Pu	ılaski Hiç	hway - Elk			21921		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from	State 20b. PLA	CE AND DATE	OF DISPOSITION	(Name of	12-15 20c. LO	CATION -	- City or To	wn, State		
1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	R.A	. Feri		o., Inc.	12774			er, PA		
	. \	1				Of Funeral		PA			
	Donus S.	Hickory				ckton Stre 21921-5521					
	23. PART I. Enter the diseases, or complicate	ions that caused the	death. Do	not enter the	mode of dying, suc	ch as cardiac or respi	ratory ar	rrest,	Approximate		
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death										
Li	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (Of the Moleusequence of):										
		DUE TO OH AS ALOGA	SEQUENCE O	1000				1111			
Z	Sequentially list conditions, b.	ASA	10.								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A CON	ISÉQUENCE O	F):							
길	CAUSE (Disease or Injury C.	OUE TO (OR AS A CON	SECULENCE O	D:							
E	that initiated events resulting in death) LAST		.024021102	,,.					į	- 1	
핑	d								+		
AL	PART II. Other significant conditions contrib	uting to death but no	ot resulting	In the underly	ring cause given in	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO		
DICAL		, CO.	0/			t 🗆 YES 2			COMPLETION OF CALL OF DEATH?		
ME				•					1 TES 2 NO	- 1	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL: /		OTHER:	PLACE OF OEATH (C	neck only one)					
YSI	1 YES 2 NO 1 Inpi	tient 2 ER/Outpatient	t 3 🗆 DOA		ome 5 🗆 Residence	6 Other (Specify)					
표	1.1	(Month Day, Year)	28b. TIM	E OF 26c.	NJURY AT WORK?	28d. OEŞCRIBE HOW II	NJURY OC	CURED			
ВУ	2 Accident Investigation				YES Z NO						
ED	3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — At building, etc. (Specify)	t home, farm,	street, factory, o	ffica	261. LOCATION (Street a City or Town, State)	and Numbe	or Rural F	loute Number,		
鱼	29a. CERTIFIER (Check only one)									- 1	
COMPLET	2 MEDICAL EXAMINER: On the	basis of examination and	/or investigation	on, in my opinio	, death occured at the	time, deta and place, an	d due to t	the cause(a) and manner as state	ed.	
BE C	296. SIGNATURE AND TUTLE OF CERTIFIER	1	/	^	29C LICENSE NU	MBER	29d. DA	TE SIGNEO	(Month, Day, Year)		
10 B	Jodn Vd	MINALI	1	MI	1/)/2	192	1	2//	9/99	_]	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLE				Conil Com	7711-1-	N N	6 2	1921		
	Peter Stravakis, M.D			al OI (Lecil Cour	rcy - EIKEC)II, N	fD 2	1721 ~		
	31. DATE FILED (Month, Day, Year) DEC 15'92	REGISTRAR'S SIGNATUR									
	ML(1) 32	Julia David	son-gan	dell							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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RECORDS	
VITAL	
P	
/ISION	
5	

	1. DECEDENT'S NAME (First,	Middle, Last)	Herbert	н.	Guns					2. DATE OF E	ber	12.	1 992	3. TIME OF DEA	TH
į	4. SOCIAL SECURITY NUMB	IFR .	5. SEX	6. AGE (In vrs. I		IF UNDER	1 YEAR	JE LINDE	R 24 HRS.	7. DATE OF B				IPLACE (State or Fi	omian
	218-14-7269		1 🔀 M 2 🗆 F	69	,,	MONTHS	DAYS	HOURS	MIN.	(Month, Day	y, Year)	022	Countr	γ)	or ungri
	9e. FACILITY NAME (If not in			-				or Location of DEATH			0, 1	1923 Maryland			
NO B	ll Reed Hai				Elkton						Cecil				
5	RESIDENCE OF DEC	10b. COUNTY	,		10c. CITY, TOWN OR LOCATION							1	40.4 (NOIDE OIT	,	
DIRECTOR	Maryland	Ceci				kton		IION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER						10	. ZIP COE	E			10g. CIT	IZEN OF V	VHAT COUNTRY?	
ER/	11 Reed Ha					2192	21	U.S.A.							
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. A						NIC ORIGIN? (S		or No-	14. RACE	E — American Indik, White, etc.	len,		
BYF	1 Never Merried 2 X 3 Widowed 4 Divo	WAR OR DATES	JNO				Speci	nn, Puerto Ricar fy:	1, BEC.)		Speci				
	15. DEC	EDENT'S EDU	CATION	16a. E	DECEDENT'S				t	16b. KIN	D OF BUS	INESS/IN	DUSTRY		
H	Elementary/Secondary (0	1	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)		ST OF WORK	ing						
P			4	C	commis	sion	er			MD	Stat	e Co	ourt	System	
COMPLETED	17. FATHER'S NAME (First, M	100						18. MO	THER'S N	AME (First, Middl					
B	Frank W. Guns Anna Schneider														
6	Anna L. Gu									Route Number, (reet -				21921	
			17 199	2 20h PLAC	E OF DISPO				_				City or To		
	20e. METHOD OF DISPOSIT 1		oval from State	Imma	nlene)					etery				1, Mary	Land
	21. SIGNATURE OF FUNERA		ENSEE	/ 9	1					for Fur					
	1	41	5 DI	ich!	/		103	West	t St	ockton	Stre	eet			
	23. PART I. Enter the 0									21921- ch aa cardiac			rrest,	Approxim	
												Onset an			
MEDICAL CERTIFICATION	TI 4. DI. / File														
EDICAL C	PERFORMED? AWAIL COM										MERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?	R TO CAUSE			
_	-					_								1 [] YES 2 []	NO
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL					26 0	LACE OF	DEATH #	heck only one)	·	<u>-</u>			
Sic	EXAMINER?		HOSPITAL:	E9/Outpetlant	2 🗆 504	OTHE	R:			6 Other (Si					
H	27. MANNER OF DEATH		28a, DATE O	F INJURY	28b. Til	ME OF	28c. IN	JURY AT	Hesigence	28d. DESCRI		NJURY O	CCURED		
		Pending Investigation	(Month,	Day, Year)	16	JURY M		ORK? YES 2	□ NO						- 71
D BY		Could not be		OF INJURY At	home, farm,	street, fac	tory, offi	ce			ON (Street own, State)		er or Rural	Route Number,	
ETE	4 Homicide	determined													
COMPLETED	(Ornoch Orny		ICIAN: To the best of											(e) end manner as	stated.
	290. SIGNATURE AND THE	- 10000 - D				CENSE NU		1425							
BE	R	/ /	TM											oer 15,	
2	30. NAME AND ADDRESS O	F PERSON WA	COMPLETED CAL	USE OF DEATH IT	TEM 27) (Two	e, Print)	_		D300	55		, D	ecemi	ber 15,	1337
	Richard S.						Str	eet	- El	kton, M	AD 2	2192	1		
Ý	31. DATE FILED (Month, Day,			AR'S SIGNATURE											
	UEC 1	5'92	- gu	is Saint	Bu	192								DHMH	18 Rev 1/89



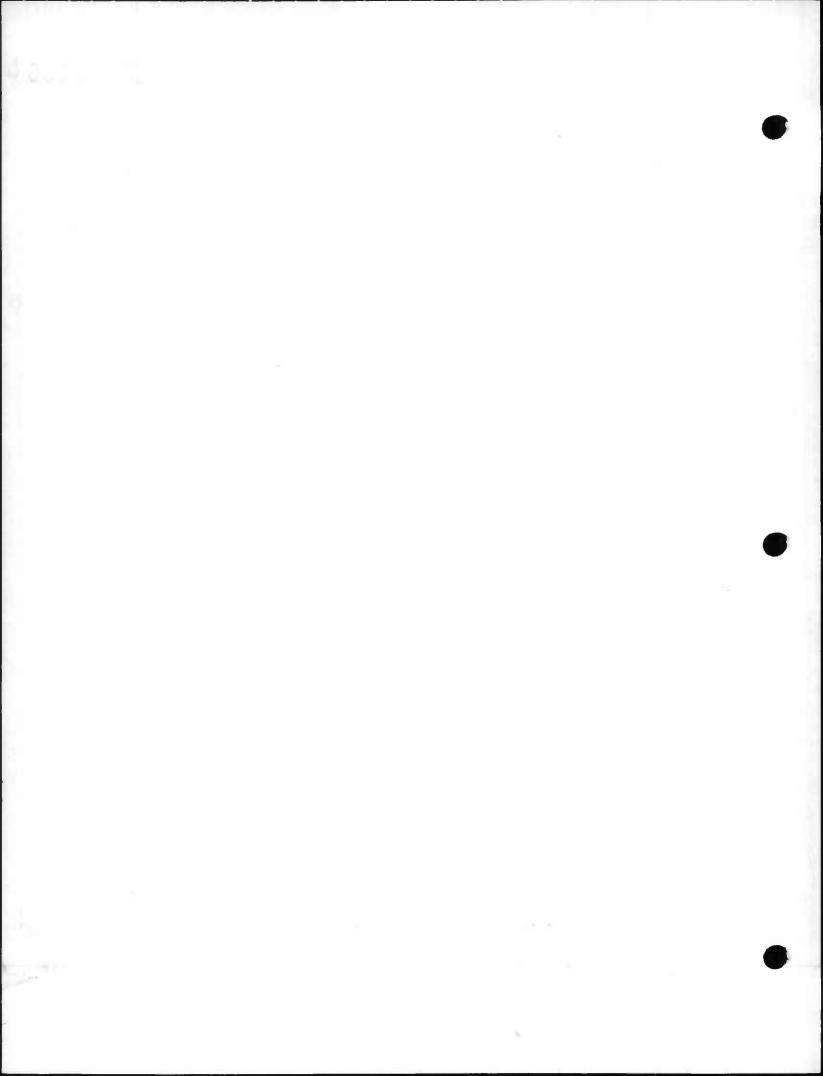
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Salar and Salar

BALTIMORE, MARYLAND 21215-0020	uned by the mospital or attending physician.	with the continue of for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, I	hours after death. Page 6 may be	ed in by the funeral director, page
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned by the maspital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 white an interpret for use as the burial-transit permit. Pages 1, 2, 3 sho

TO DE CO	TO BE COMPLETED BY BUYCLCIAM, MCCHOAL CESTICIOATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
. The second sec	be filed within 72 hours after death with the State Dept, of Health and Mentai Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 shifter or timeched for	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 with a manached fi
death. Page 6 may be in uned by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be required by the Ansayla
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).			
1	1. DECEDENT'S NAME (First, Middle, Last) Katherine E.	Goodson				2. DATE OF DEATH MONTH VOVEMber	76 198	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
8	578-12-2720	1 M 2 F	85 YRS.	MONTHS BAYS	MOVEMBER SHOW	March 6,	Country) Mississippi			
	9a. FACILITY NAME (# not institution, give s	,		96. CITY, TOWN	OR LOCATION OF DEA			OF DEATH		
DIRECTOR	Southern Marylan	d Hospital	Center	Clint	on		Princ	ce George's		
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.									
1 8	Md. Prin	nce George	ola C	anitol	Heights			1 YES 3(1) NO		
	10e. STREET AND NUMBER	ice Georgi	e 5 C		ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?		
FUNERAL	9513 Acorn Pa	ark Stree	t		20743			SA		
5	11. MARITAL STATUS	12. WAS DECEDENT EV				C ORIGIN? (Specify Ye	s or No- 14	. RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 1			ecify Cuben, Mexican 2 X NO Specify:			Specify: White		
n n	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	ON .	166, KIND OF BU	SINESS/INDUS			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during mo se retired.)	st of working					
7	12	Conege (I-4 or 5+)	Assistan	t in Art	Dept.	Polic	ce Aca	ademy		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Maider		1		
E	Luscious Rame						- Court Parties			
00	19a, INFORMANT'S NAME (Type/Print)	<u> </u>	10h MAH ING	ADDRESS (Small		Cobinson Oute Number, City or Tox	or Other The O	-4-1		
2	Patricia Beac	h								
	20a. METHOD OF DISPOSITION	11	1309 V	alvn D	rive, Huc	hesvill	e.Md.	20637		
	1 X Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE cometery, crematory or o	ill Cer	neterv	Su	itlan	d,Md.		
	21. SIGNATIONE OF FUNERAL SERVICE LA	OEMSEE C		22. NAME A	ID ADDRESS OF FAC	Lee Fu	inera]	L Home, Inc.		
	6633 Old Alexander Ferry Road Clinton Md. 20735									
	Clinton, Md. 20735 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
1	shock, or heart failure. List only one chaise on each line.									
1 3	IMMEDIATE CAUSE (Final disease or condition Post of the My occorrection Internal of the Intern									
1 1	resulting in death)	a. / / / / / / DUE TO (OR	AS A CONSEQUENCE O			- mo.s.	-10/	54012 (01)12)		
z		b		" /						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	ค:						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	F):						
英		d								
	PART II. Other significant condition	ns contributing to dea	th but not resulting	in the underlyin	g cause given in f	Part I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS		
DICAL	CHUMNICL	lux Da	up			1.000	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	-	011				1 ☐ YES	2 (LLMO	OF DEATH?		
PHYSICIAN: M	(Menna)	FNILLSO	& Live	040	111	-		1 TYES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL	00000	7000	- 0/	ACE OF DEATH (Cho	-t-a-ti				
S	EXAMINÊR?	HOSPITAL:		OTHER:						
148	27. MANNER OF DEATH	1 Inpatient 2 DER/			e 5 Residence (
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear) IN.	JURY WO	PES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED		
ED B	3 Suicide 6 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, ferm, (Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,		
ET	4 Homicide determined									
COMPLET		ICIAN: To the best of my I								
ō	2 MEDICAL EXAMINE	R: On the basis of examin	nation and/or investigation	on, in my opinion, d	leath occured at the t	ime, date and place, a	nd due to the o	cause(a) and manner as stated.		
ш	201/ SIGNATUJE AND TOTE OF CENTIME	2.	1.		29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)		
0 B	mucrous 1	we "	my.		024	945.	▶ Nov	. 27, 1992		
I F/	30. NAME AND ADDRESS OF PERSON WH									
1 1	Michael Tevino M	D. 7801 C	old Branch	Ave. C	linton. M	D 20735				
	Michael Levine M.	1001	TO DECLIOIT		1110011/ 1.	20,00				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		1110011, 1	20,00				
			SIGNATURE			20,00				



BALTIMORE, MARYLAND 212/15-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-		REGISTRAR				CE	HIIF	CAIL	: Ur	DEA	IH		REG. NO.			
	1	1. DECEDENT'S NAME (First,	Middle, Lest) Tranci	s Carr	011	C	o1ds	horo	uch			2. DATE	OF DEATH	PY .	year 3	. TIME OF DEATH 12:15 am
l		4. SOCIAL SECURITY NUMBE		5. SEX	_	(In yrs. lest		IF UNDER		IF UNDER	t 24 HBS	-	OF BIRTH	<u> </u>		ACE (State or Foreign
		215-14-59		1 🔀 M 2 🗆 F			YRS.	MONTHS	DAYS	HOURS	MIN.		03 19	20	Country) Oklal	
ı	~ 1	9a. FACILITY NAME (If not ins	-					9b. CITY,	TOWN	OR LOCATI	ION OF DE	EATH			TY OF DEA	
ŀ	DIRECTOR	Memor		Hospital					Ea	ston				'	Talbo	t
l	EG EG		10b. COUNTY				10c. CITY	, TOWN C	R LOCA	ATION					1	Od. INSIDE CITY
	_	Maryland 100, STREET AND NUMBER	Ca	aroline					14	M 715 005		ento	on			LIMITS? YES 2 NO
	FUNERAL	608 Gay St	reet			101. ZIP CODE 21629							USA			AT COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 2 8 3 Widowed 4 Divon		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES	2 N	MED O	1 7	f yes, s	CENDENT (pocity Cube S 2 NO	m, Mexica	in, Puerto	N? (Specify Yes Rican, etc.)	or No—	Black, 1 Specify:	- American Indian, White, etc.
			DENT'S EDUC	CATION		16a. DEC	EDENT'S	USUAL O	CUPAT	ION	200	16	. KIND OF BUS	SINESS/IND	_	
	IPLET	Elementary/Secondary (0- 12 HS gra	12)	College (1-4 or 5	·)					echn		an	Medi	ica1	Hea	alth
	COMP	17. FATHER'S NAME (First, Mic Francis C		11 Go1d	sbo	roud	ιh						Middle, Maiden			
	BE	19a. INFORMANT'S NAME (7)						ADDRESS	(Street	1		_	iber, City or Town			
	임	Charlene	Alley	7		1 1							on, Ma			21629
		20a. METHOD OF DISPOSITION 1 Burlal 2 M Cremation 4 Donation 5 Other (3 Remo	oval from State	cen	netery, cren	ND DATE O	her place)		eme of Crem	12+0		15		City or Town	, Delawar
		21. SIGNATURE OF FUNERAL		EHSEE //	W	aste	= I 11	22.	NAME A	AND ADDRE	SS OF FA	CILITY				, Delawal
		Moore Funeral Home, P.A. Drawer B, Denton, Maryland 21629														
													Interval Between			
	CERTIFICATION	Sequentielly list condition of any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injure)	late IG	DUE TO	(OR AS A	CONSEO	UENCE OF	7):								
	ERTIFI	that initiated events resulting in death) LAST		OUE TO	(OR AS A	CONSEO	UENCE OF	ን፡								
	- 11	PART II. Other significen	t condition	s contributing to	deeth b	out not re	sufting i	n the un	derlylr	ng ceuse	given in	Part i.	24s. WAS AN		24b. W	PERE AUTOPSY FINDINGS
	MEDICAL												PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	N.															
	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER		PLACE OF D	DEATH (Ch	eck only o	ne)			
	YSI	1 TYES 2 THO		1 Inpetient 2		patient 3	□ DOA			me 5 🗆 Re	esidence	8 🗆 Oth	er (Specify)			
	ВУ РН	27. MANNER OF DEATH 1 Netural 5 P 2 Accident	ending	28a. DATE OF (Month, D	INJURY lay, Ybar)		28b. TIMI INJ	E OF URY M	W	JURY AT ORK? YES 2] NO	28d. DE	şcribe how ii	NJURY OCC	URED	
		3 Suicide 8 C	could not be etermined	26e. PLACE O building,	F INJURY etc. (Spec	f — At hon cify)	ne, farm, s	treet, fact	ory, offi	ce			CATION (Street a or Town, State)	and Number	or Rural Rou	rte Number,
	COMPLETE			CIAN: To the best of R: On the basis of e												and menner ee stated.
	띪	296. SIGNATURE AND TITLE	OF CERTIFIER	a Co	N	di				29c. LIC	ENSE NUN	WBER	6	29d. DATE	SIGNED (A	Honth, Day, Year)
	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DE	PO	27) (Type,	Print)	- 2	14/	6	N	o st	011		70
		31. DATE FILED (Month, Day, N		32. REGISTRA	in's sign	ATURE POS	ndell	-/		- 1-14-						
_		III Liste V	The same of the sa	4.4		- 6										

(4	g		6
BALTIMORE, MARYLAND 21203-3146	NG PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.	If the certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page as with the State Debt, or Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	ithir	letely ematic	nt, th
13146	xecuted w	and comp burial, co	atic eve
30X	ate be en	hysician a	r traum
0.	th certific	ending pl	or othe
JS, F	the deat	y the aft	Injury.
IN OF VITAL RECORDS, P.O. BOX 13146,	uires that	signed b	ws any
L RE	law req	as been bent, of	23 sho
/ITA	AN: The	ificate h	r item
OF	PHYSICI	this cert with the	rked, o
NO		R: After er death	is ma
IVISIO	OR ATTE	DURECTO DUIS afte	lem 28
	SPITAL (VERAL C	IT: If II
	THE HOSPITAL OR ATTEND	THE FUNERAL DIRECTOR: At the filed within 72 hours after de	PORTANT: If item 28 is
_	18	22	3

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			OF HEALTH AND I	MENTAL HYGIENE							
	1. DECEDENT'S NAME (First, Middle, Last)	GRIMES				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.		IF UNDER 1		7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign					
	579-34-0019	1 M 2 F 82	YAS.		DAYS HOURS MIN.	(Month, Day, Year) 8-1-191	V A						
œ	Gros Venor Health Care Center Bethesda Montgo												
CTO	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	4111) (41- 61		Y, TOWN OR		<u>'</u>	fright	4					
DIRECTOR		ontgomery	10c. CI1	Beth			10d. INS						
	10e. STREET AND NUMBER	10g. CITIZEN OF	WHAT COUNTRY?										
FUNERAL	5921, Grasvener	Lane Bethe		M.D.	208	NIC ORIGIN? (Specify Yee		E — American Indien,					
BY FL	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO	If y	es, specify Cuban, Mexico	n, Puerto Ricen, etc.)	Blac Spe	ck, White, etc.					
	15. DECEDENT'S EDUC	CATION 16a.	DECEDENT'S	USUAL OCC	UPATION	16b. KIND OF BUS	INESS/INDUSTRY	Bluest.					
COMPLETED	(Specify only highest grade	College (1-4 or 5 +)	House	se retired.)	ing most of working	Domest	ic						
OMP	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Meiden S	Surnama)						
BE C	William Dixon				Eller	Gant							
TO	Mrs. Jean P.S. Gr	imes	1163	Booket	Street and Number or Rural Drive Ca	Poune Number, City or Town pitol Heigh	state, Zip Cade)	20743					
	20e, METHOD OF DISPOSITION 1 XXurial 2 Cremetion 3 Remo	20b. PLA	CE OF DISPO	SITION (Name	of cemetery, crematory or		ATION — City or T						
	4 Donation 5 Ottier (Specify)	Har	mony	Memo	rial Park	Lance,	dover, M	aryland					
	100	Eustes				lace, N.E.		.c. 20019					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiretory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel												
Z	disease or condition resulting in death) a. Browcho greenwowica DUE TO (OR AS A CONSEQUENCE OF): Cerebro Varacular accedant:												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
LIFIC	CAUSE (Disease or Injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF):												
CER	resulting in death) LAST	resulting in death) LAST											
	PART II. Other aignificant condition	a contributing to death but no	ot resulting	In the und	eriying cause given in	Part I. 24s. WAS AN / PERFOR		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
MEDICAL						1 YES 27	(∑⁄4/10	OF DEATH? 1 YES 2 X NO					
N. N		(-					1 100 249 40					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO	HOSPITAL:		отней:	26. PLACE OF DEATH (Ch								
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatien 28e. DATE OF INJURY (Month, Day, Year)	26b. TII	_	g Home 5 Residence 8c, INJURY AT WORK?	6 ☐ Other (Specify) 28d. DE\$CRIBE NOW IN	JURY OCCURED						
ВУ	1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2 NO								
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY A building, atc. (Specify)	I nome, tarm,	street, rector	у, отное	261. LOCATION (Street e. City or Town, State)	nd Number or Hurel	Route Number,					
COMPLETED	one)	CIAN: To the best of my knowledge R: On the besis of examination end						(a) end manner ee stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIEF	Saulur		Con	29c. LICENSE NU	MBER SMG	29d. DATE SIGNE	D (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH ((ITEM 27) (Typ		. 50	T	3ct les	teo mel					
	31. DATE FILED (Month, Day, Year) 32. REGISTRARY SIGNATURED												
	DEC 0 3 1992	32. REGISTRADES SIGNATUR Gruna Davidson	-Nanase										

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTM			MENTAL HYGIEN REG. NO.	92	35939				
	4 4 4 4	RITA GASKIN	ıs			2. DATE OF DEATH	0 9	as 254 PM				
1000	EEO 40 E161	5. SEX 8. AGE (In yrs	2004	THE DAYS	7. DATE OF BIRTH SEPT. 21, 1928 WASH., DC							
TOR	9a. FACILITY NAME (If not institution, give strendly Market Property of the strendly of the st	en obtal He	96.	CITY, TOWN OF	CVILLE	EATH	PRING	OF DEATH CE GEORGE 'S				
DIRECTOR	10a. STATE 10b. COUNTY	GEORGE'S		WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 5213 NEWTON ST	. #104			0710			OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ZNO	If yes, spec		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. SpecifBLACK				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5+)	DECEDENT'S USUI (Give kind of work of life. Do NOT use reti-	done during most red.)	of working ERICAI	16b. KIND OF BUS		RY				
BE CON	17. FATHER'S NAME (First, Middle, Lest) WALTER WILLIAM	GASKINS				ME (First, Middle, Maiden A CECILI		EY				
TO 8	19a. INFORMANT'S NAME (Type/Print) PETER GASKINS		19b. MAILING ADO 5213 N	RESS (Street and EWTON	ST. #1	Route Number, City or Tow.	n, Statu, Zip Code NSBUR	G, MD20710				
	20a. METHOO OF DISPOSITION 1 Note: 1 Donation 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rail from State cemetery.	CEAND DATE OF DIS , crematory or other p	lece) EMORIA	L PARI	12-9 LA		R, MARYLAND				
	Tuawara	K. Brax		7474	LANDO		ANDOV	ER, MD20785				
	IMMEDIATE CAUSE (Final	Respir	line.				ratory arreat,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)											
CERTII	thet initiated events reculting in deeth) LAST	we Rewal					10 SIEM	<i>y</i>				
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions Thru	contributing to deeth but no		e underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIAN		HOSPITAL:		HER:	CE OF OEATH (Ch							
PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJUI WORI M 1 YE	RY AT	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	Ю.				
TED BY	2 Accident investigation 3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street		5 2 10	281. LOCATION (Street a City or Town, State)	et and Number or Rural Route Number,					
COMPLETED		AN: To the best of my knowledge On the basis of exemination and						use(a) and manner as stated.				
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	M.D.			D 163			ENED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF FERSON WHO		TTEM 27) (Type, Print) 5 Hand	ver 1			H M	d 20770				
	31. DATE FILED (MONTE DEC 0 4 19	COMPLETED CAUSE OF DEATH (ER 732 ! 32 REGISTRAPE SIGNATURE 32 JUNE 104	udson-Rang	lell								



YEAR 92

3. TIME OF DEATH

3:00AM

2. DATE OF DEATH MONTH 11 25

25

MARY

GROSS

0	sician.	al-transit permit. Pages	
BALTIMORE, MARYLAND 21215-0020	e hospital or attending phy	etached for use as the bu	ince.
NORE, MARYL	e 6 may be retained by th	rector, page 5 should be d	must be notified at o
	n 24 hours after death. Pag	by filled in by the funeral di ation, or removal.	the medical examiner
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ertificate be executed within	ng physician and completel giene prior to burial, cremi	other traumatic event,
RECORDS, P.	requires that the death or	been signed by the attendii of Health and Mental Hy	shows any injury, or
ON OF VITAL	DING PHYSICIAN: The law	After this certificate has to death with the State Dept.	s marked, or Item 23
DIVISI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

	4. SOCIAL SECURITY NUMBER 217-32-1350 5. SEX 1 M 2 F 6. AGE (In yes let		(S. Jast Dirthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. WONTHS DAYS HOURS MIN. M.					of Birth of Phyther, 1909 Marry Land						
OR	99. FACILITY NAME (If not institution, give street and number) PRINCE GEORGE S HOSPITAL CENTER					96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY 96. COUNTY OF DE PRINCE							GEORGE'S	
5	RESIDENCE OF DEC					-			-					
DIRECTOR	Maryland	Prin	v ice Georg	e's	t0c. CIT	y, town	entw							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3932 Alli			101	. ZIP COD		722			IZEN OF W	HAT COUNTRY?			
빌		3011 50												
B≺	11. MARITAL STATUS 1 Never Married 2 NX Widowed 4 Divo		FORCES?	IT EVER IN U.S. AR I YES 2 1 MAR OR DATES	MED NO		If yes, sp	ecity Cuba 2 NO	n, Mexico	en, Puerto I	i? (Specify Yea Rican, etc.)	or No—		- American Indian, White, etc.
E I	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	16a. DE	CEDENT'S live kind of Do NOT u	USUAL O	CCUPATIO	ON ast of working	70	16b	KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	3rd grade	l-t2)	College (1-4 or 5	+)	omest						Privat	te		
SON	17. FATHER'S NAME (First, M										Middle, Maiden			
BE	Ernest John									e Tho				
2	Mr. Albert		oce (Son								d, Mar			0722
	20s. METHOD OF DISPOSITE		055 (501)	20b. PLACE					prei	DAT		-	City or Ton	
	Buriel 2 ☐ Cremetto 4 ☐ Donation 6 ☐ Other		oval from Stata	Mount	onet Ol'i	ther place)	Ceme	etery	,		/92 Wa	shir	gton	, D.C.
	21. SIGNATURE OF FUNERA	L SERVICE U	ENSES	1/01		22.	NAME 4	ND ADDRE	SS OF FA	ciuty	Home,	Inc.		
	> / X	26	Tay	(1)							N.E.			C. 20019
	23. PART I. Enter the di shock, or he	iseasea, or c	complications the	t caused the de	ath. Do	not enter	the mo	de of dy	lng, suc	h as care	liac or respl	ratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)		Ca	rdioPula	men	ry	A	YYE4	4					Onset and Death Suddon
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
ATI	If any, leading to immediate cause. Enter UNDERLYING									INC-				
FI	CAUSE (Disease or Inju that initiated events		W	(OR AS A CONSEC	DUENCE O	F):		,		7	7			10.00
CERTIFICATION	resulting in death) LAS	' (a. IVY	substic	1/4	web	8 CM	1012	eni	c (urp	wa		4475-
	PART II. Other algnifica	nt condition	a contributing to	death but not r	esuiting	In the ur	nderlying	g cause (given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC	- Dans	Lone	2							—	1 TYES 2	NO	110	COMPLETION OF CAUSE OF DEATH?
CIAN: MEDICAL	An	Prina	1.							-				1 TYES 3 TO NO
N N	25. WAS CASE REFERRED TO	MEDICAL			-		26. PL	ACE OF D	EATH (Ch	neck only on	0)			
	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI		e 5 🗆 Re	sidenca	6 🗆 Othe	r (Specify)			
PHYSI	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, E		28b. TIM	E OF URY		URY AT	1 40	28d. DES	CRIBE HOW IF	JURY OC	CURED	
D BY	2 Deutste	Investigation Could not be	28e. PLACE C	F INJURY — Al ho	me, farm,	street, fac] NO	28f. LOC	ATION (Street a	nd Number	or Rural R	oute Number,
ETE		datarmined		- Coperaty						City	or Town, State)			
COMPLETED			CIAN: To the best of a											and manner as stated.
BE	200 SIGNATURE AND TITLE	OF CERTIFIES	Mi) [25	~			29c. LICE	NSE NUI	MBER)_	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	Print)	Ann	-#-	22	0	1/101	m.	0 1	1d 2m2
'	31. DATE FILED (Month, Day, DEC 0	3 1992	32. REGISTRA	R'S SIGNATURE	Bando	00	700	1-4	Party	-0 >	silve!	24/2	1	7 100.2
	DLUU	1334	June	A STANKE (ALDER 4)	1.00									

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI CERTIFIC			IENTAL HYGIEN REG. NO			
		FRANCES	GALLAGI	IER		2. DATE OF DEATH DOWNTH NOVEMBER	29,199		
	4. SOCIAL SECURITY NUMBER 213-74-4931 9a. FACILITY NAME (If not institution, give s	1□M2∏F 9	3 YRS.	HTHS DAYS			1899 WA	SHINGTON, DC	
TOR	CIRCLE MANOR	NURSING HO		KENSIN	NGTON	UH .	MONTO	OMERY	
DIRECTOR		Y NTGOMERY		SINGTON				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10231 CARROLL	PLACE			2089		USA	OF WHAT COUNTRY?	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2/NO TES	If yes, spe	ENDENT OF HISPANIC Cuben, Mexican, Programmer Programme	C ORIGIN? (Specify Ye , Puerto Ricen, etc.)		RACE — American Indian, Black, Whits, etc. Specify:	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use r	k done during mos attred.)		16b. KIND OF BU	SINESS/INDUST	WHITE	
once.	1.7 17. FATHER'S NAME (First, Middle, Last)		HOMEMAKE	R		E (First, Middle, Maiden		No mm	
TO BE	ALFRED 19a. INFORMANT'S NAME (Type/Print) MARY F. POI	PALMATEERTRAS				oute Number, City or Tox		0)	
must be	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State come	PLACE AND DATE OF I	DISPOSITION (Na	me of	- 20	OCATION — City		
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	031 131	22. NAME AN FRANCI	S J. COL	LINS FUNE	RAL HOM		
menta rygere pror to butta, cemanon, or removal njury, or other traumatic event, the medical L CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. tMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentialty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cerebro DUE TO JOR AS A DUE TO JOR AS A	ich ilne.	de a Wali	. 0	elt.		Approximata interval Betwee Onset and Deat	
hows any inju	PART ii. Other significent condition	is contributing to death bu	it not resulting in	the underlying	cause given to P	art i. 24a. WAS AN PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
red, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		THER:	ACE OF DEATH (Chec				
	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	F 28c. INJI		28d. DESCRIBE HOW	INJURY OCCURE	D	
m 28 is	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
건드 55	one) 2 MEDICAL EXAMINE	CIAN: To the bast of my knowle R: On the basis of examination						use(s) and manner as stated.	
IMPORTANT: TO BE COI	30. NAME AND ADDRESS OF PERSON WH	eseche	THE STREET		DO 9 F	74	N 111	NED (Mojith, Day, Year)	
	BARRY M. RO. 31. DATE FILED (Month, Day, Year)	SENBAUM 32. REGISTRAR'S SIGNA	3720	TARRAG	OTALE	E. KENS	WOR	w, MD.	
	DEC 02 '92	Juna Davidson	Randell				2089	5	

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BALTIMORE, MARYLAND 21215-0020

the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfit Mental Hyglene prior to burial, cremation, or removal. T notified 9 must medical examiner the DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, Injury, or other this certificate has been signed by the with the State Dept. of Health and I rked, or Item 23 shows any In-L DIRECTOR: After this cert 2 hours after death with the 1 Item 28 Is marked, of TO THE FUNERAL DIRECTO
De filed within 72 hours aff
IMPORTANT: If Item 28 THE HOSPITAL 2

BOX 68760,

P.O. 1

DIVISION OF VITAL RECORDS,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 24 10 10P AL MEDA Fave HODGES 11 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS MONTHS HOURS 1 M 2 XF YRS. 165-16-3760 October 18,1918 Penn 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Morningside 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6720 Larkspur Road U.S.A. 20746 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2MO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Mexican, Pr 1 YES 2 XO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: American BY 3 Widowed 4 Divorced Indian 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) ontary/Secondary (0-12) 9th N/A Waitress Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Miller Cathleen McClinsy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Judith Witherow Same as 10 A-F 20a, METHOD OF DISPOSITION
1 \(\tilde{\mathcal{L}}\) Buriel 2 \(\tilde{\mathcal{L}}\) Cremation 3 \(\tilde{\mathcal{L}}\) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE OF DISPOSITION (Name of 11 30 92 Marry Panal of The Company o 20c. LOCATION - City or Town, State 4 Donation 8 Other (Specify) . Cheltenham, Maryland 21. SIGNATURE OF FUNERAL DERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md 20735 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death Inferior disease or condition resulting in death) Ischen CERTIFICATION Sequentially list conditions, sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death PHYSICIAN: MEDICAL resulting in the underlying couse given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? de 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ing Home 5 ☐ Residence 8 ☐ Other (Specify) 4 Nurs 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTI 29d. DATE SIGNED (Month, Day. BE 29c. LICENSE NUMBER 2 30. NAME AND 6005 Landons DECO 3 32. REGISTRAR'S SIGNATURE 20785 1992 a Savidson-Randall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 35943 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.	92 3	5943
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y_ YEAR 3	. TIME OF DEATH
	Bessie Smith Ho					12-11-9	2	2254 M
7	009-20-5033	1 □ M 2 ▼F		F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-10-29	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give stree	of and number)		R LOCATION OF DI		9c. COUNTY OF DEA		
DIRECTOR	Union Hospital				Ceci	.1		
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		1	Dd. INSIDE CITY
듬	Md. C∈	ecil		Elkto	n			UMITS? ☐ YES 2 → NO
¥	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF WH	
EB	67 Poplar Hill I	Lane			219	921	U.S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 25 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 V NO	If yes, sp		NIC ORIGIN? (Specify Yes on, Puerto Ricen, etc.) y:	Black, 1	American Indian, White, etc.
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	FION (moleter)	18a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BUS	INESS/INDUSTRY	
		College (1-4 or 5+)		ork done during mo retired.)				
COMPLETED	12	5	Retired	Teach			ation	
	17. FATHER'S NAME (First, Middle, Lest) Dan Smith					ME (First, Middle, Meiden S ie Judd	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAII INC A	DOGEGE /Owner		Route Number, City or Town,	A . T A	
5	Charles F. Howes	3				ane Elkto		1921
	20a. METHOD OF DISPOSITION 1		.PLACE AND DATE OF setery, crematory or other	er place)	me of		CATION — City or Town	
	21. SIGNATURE OF FUNERAL SERVICE (SCEN	isek	R. A. F	erris 22. NAME AN	ID ADDRESS OF FA	CILITY	t Cheste	
	ATA TI	6		Gee F	uneral		E. Main ton, Md.	
	23. PART i. Enter the diseases, or com shock, or heart failure. Lis	nplications that caused	the death. Do no	t enter the mo	de of dying, suc	h as cardiac or respir	atory arrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		CONSEQUENCE OF	in fact	1 6 Berry			Interval Between Onset and Death
_		Drahafe.	CONSEQUENCE OF)	1	01	6 417		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)		CHMIC	C47,		
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	Rena/	Firsuffic	ery.		
ERT	resulting in death) LAST		1A. AS					
AL C	PART II. Other significant conditions of	contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24e. WAS AN A	AUTOPSY 24b, W	ERE AUTOPSY FINDINGS
2						PERFORM 1 YES 2	MED?	MILABLE PRIOR TO OMPLETION OF CAUSE
PHYSICIAN: MEDIC						_		F DEATH?
ž								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL: \		26. PL	ACE OF DEATH (Ch	eck only one)		
I X	1 YES 2 NO	☐ Inpetient 2 ER/Outp	attent 3 DOA	Nursing Hom		6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not ba 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Rural Rou	te Number,
COMPLETED		M: To the best of my knowl						
	2 MEDICAL EXAMINER: 0	On the basis of examination	and/or investigation,	In my opinion, d				
3 BE	Jui til How				PO482		≥ 12/11	Inth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, F	Print)	,			
	Jui chih Hsu M	10 223	West o	naci	st. i	Elleton 1	40 21	921
	31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DE 10 22 3 32. REGISTRAR'S SIGN. Julia Davidson	- Randell					
	DEC 1 4'92	China himingo	1					

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once.

al examiner mush	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
loval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r the funeral director,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.
fter death. Page 6 ma	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Pluse 6 may
BALTIMOR	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (Fi	st, Middle, Last)			1					2. DATE OF	DEATH			3. TIME OF DEATH
	FILE	Margue	erite H.	Ha1	1				Nov.	26		VEAR	7:44 AM
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Inel birthde 1 □ M 2 対 98 YRS					IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MONTHS DAYS HOURS MIN.				7. DATE OF (Month, C		7	Countr	
9a. FACILITY NAME (If not			- 70		9h. CITY	TOWN (OR LOCAT	ION OF,DI	Dec.	10 10		Mar INTY OF D	yland
Southern	Marvla	00 V - 111	al				lint	-	LAIII		-		Georges
RESIDENCE OF DE	10b. COUNT												
Maryland		e George	S		y, town o er M		0300						10d. INSIDE CITY
10s. STREET AND NUMBE		000180		1 obb	, CI 11		ZIP COC	Æ			10a CIT	TEN OF W	YAT COUNTRY?
14501 Chu	rch Str	eet				1.0	207						States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	RMEO	13.	WAS DEC			NIC ORIGIN? (Snacify Vac		_	- American Indian,
1 Never Married 2			YES 2 X	NO		f yes, sp		en, Mexico	in, Puerto Ric		G. 140—	Black Speci	, White, etc.
∜ ⊠ Widowed 4 □ Di				No					No				White
	CEOENT'S EDU nly highest grade		(0	ECEDENT'S Bive kind of	work done o	CCUPATIO	ON st of work	ing	16b, K	NO OF BUS	BINESS/INI	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5 +	,	Home	make	r			0	wn Ho	ma		
17. FATHER'S NAME (First,				1101110	marco		18. MOT	HER'S NA	ME (First, Mid				
Henry Mo		an					Αg	gnes	C. Br	own			
19a. INFORMANT'S NAME			19						Route Number,				
Helen M.				1450	1 Ch	urch	Str	eet	Uppe	r Mar	1bor	o Md	. 20772
20a, METHOD OF OISPOS 1 ☐ Burlel 2 ☐ Crema	Ion 3 Rem	oval from State	20b. PLACE cemelery, cri	ematory or o	ther placal				DATE		CATION —	City or To	wn, State
4 Donation 6 Doth			Mt.	Carme	el Ce				30/92	Up	per l	Mar1b	oro Md.
21. SIGNATURE OF FUNEF	+ E	- 0	ms	Par	Be	all.	-Eva	ns F	uneral	Home	e, P	.A.	
23. PART I. Enter the	ic c	- Cou	עבעות	וו שט	ν. 16	000	Ann	apol	is Rd.	Bow:	ie Ma	aryla	ind 20715
iMMEDIATE CAUSE (F disease or condition resulting in death)		a. OUE TO	OPI AS A CONSE	101	7 - FI: P	Ar	res	£ 1.	,				Interval Betw Onset and Di
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or In that initiated events resulting in death) LA	ediate YING Jury	c Ce	(OR AS A CONSE TO VE (OR AS A CONSE	My	A	rte ea	H	14 V	usea	re			
PART II. Other algniffs	eant dondition	a contributing to	peath but not	resulting	in the un	derlyin	cause	given in		Ia. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
25. WAS CASE REFERRED	TO MEDICAL					26 PI	ACE DE C	DEATH /OF	eck only one)				
EXAMINER?		HOSPITAL:	FR/Outpolland	3 DO4	OTHER	1 :							
27. MANNER OF DEATH		28a. OATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	esidenca	6 Other (S	, ,,	NJURY OC	CUREO	
	Pending Investigation	(Month, D	lly, Year)		M	1 🔲 1	PK?	NO					
2 Accident Investigation 3 Suicide 6 Could not be determined 6 Homicide determined 1 Could not be building, atc. (Specify) 288. PLACE OF INJURY — At home, tarm, atreet, factory, office city or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
onel		CIAN: To the best of R: On the bests of a) and manner as stated
29b. SIGNATURE AND TITL	na	atter	on,	1.M	١.		29c. LIC	ENSE NUI	WBER (033	3	29d. DAT	E SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS	JE PERSON WH	U COMPLETEO CAUS	E OF OEATH (ITE	M 27) (Type	Print)	-	-	. 1	0.		1	(,	
31. DATE FILED MANUEL DU	- Vat	rersin	MO) . ,	750	115	MI	ratte	s Ka	.C.1	int	an	Ma 207:



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BALTIMORE, MARYLAND 21215-0020 for death. Page many mained by the hospital or attending physician. The funeral functions are as the burial-transit per oval. TO BE COMPLETED BY FUNERAL	11. 1 (3 (17. T 1900 T T 2001 1 § 4 (17. T 201)
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page many mained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely finded in by the funeral force. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely finded in by the funeral force. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23 iM did re if i ca Chith re: 25.
	31.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 35945

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGI	TIVE	2 3	35945								
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH								
	SUZANNE Kristine	e Minton	12 O	DAY	YEAR												
	SUZANINE		HOFFM In yrs. last birthday)		IF UNDER 24 HRS.	12 0	1 19	92	9:07 A M								
	N/A	□ M 2 🔀 F	YRS.	MONTHS DAYS	HOUTIS MIN.	(Month, Dwy, Year		Country)								
				21		11/11/1			el, Maryland								
œ	9a. FACILITY NAME (If not institution, give street			96. CITY, TOWN	OR LOCATION OF DE	HTA	9c. COU	NTY OF DE	EATH								
DIRECTOR	CALVERT MEMORI	AL HOSPIT	CAL	PRINC	E FREDE	RICK		Ca	lvert								
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION				10d, INSIDE CITY								
5	Maryland Prince	George's	Boy	vie					LIMITS7 1 VES 2 NO								
A	10e. STREET AND NUMBER			14	M. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?								
FUNERAL	4521 Rising Lane			i	20715		U.S.	A	4.5								
Z .		. WAS DECEDENT EVER IN	I U.S. ARMED	13 MMS DE	CENDENT OF HISPAN	C ODICINA (Secondo			— American Indian,								
	1 2 Never Married 2 Married	FORCES? 1 YES	2 🔀 NO	If yes, s	pecify Cuban, Mexicar	n, Puerto Rican, etc.)	THE OF THO	Black,	— American Indian, , White, etc.								
ΒY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	MES	1 🗆 YE	S 2 NO Specify.			Specif	White								
	15. DECEDENT'S EDUCATI	ION	16. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF			WIIILE								
H	(Specify only highest grade corr	npleted)	(Give kind of life. Do NOT u	work done during m	lost of working	IND. KIND OF	BUSINESS/IN	DUSTRY									
7	Elementary/Secondary (0-12) C	N/A				1	27 / 1										
\$		N/A		I/A	_		N/A	1									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Mail	ien Sumame)										
B	Troy Martin Hoffmar	1			Angel	Dee Mi	nton										
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R	loute Number, City or	Town, State, Zi	p Code)									
F	Troy Hoffman		4213	Edmonst	on Road,	Bladensh	iro. M	m 20	0710								
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF DISPOSITION /A	lame of	DATE 20c.	LOCATION -	City or Toy	vn. State								
F	1 N Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	etery, crematory or o	Raptict	Cemetery	12/4/00	Upper	Marlbo	oro, MD								
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENS		everdage		IND ADDRESS OF FAC		Tr		, , , , , , , , , , , , , , , , , , , ,								
	V Show	Kur		Franc 4739	is Gasch' Baltimore	s Sons F	attsv	ille,	P.A. MD 20781								
	23. PART I. Enter the diseases, or com	plications that caused	the death. Do	not enter the m	ode of dying, such	as cardiac or re	spiratory ar	rest,	Approximata								
	snock, or heart failure. List	t only one cause on a	ith line.						Interval Between Onset and Death								
	iMMEDIATE CAUSE (Final disease or condition	Sudden in	fant de	eath c	ndromo				Oliset and Death								
	resulting in death) a. Sudden Thrum Cucath Syndrolle																
		DUE TO 100 40 4					DUE TO (OR AS A CONSEQUENCE OF):										
		DUE TO (OR AS A	CONSEQUENCE O	F):													
NO	Sequentially flat conditions.																
ATION	If any, leading to immediate	DUE TO (OR AS A															
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COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the cause of the cau	OSPITAL: Inpatient 2 Ner/Output 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Special Place) New Year	consequence of conseq	In the underlyle 26. F OTHER: 4 Nursing Hot IE OF 28c. IN WM 1 street, factory, offi and at the time, dat on, in my opinion,	PLACE OF DEATH (Che me 5 Residence DURY AT ORK? YES 2 NO ce a and place, and due death occured at the te	PERI 1 YES 1 Other (Specify) 28d. DE\$CRIBE HO 281. LOCATION (Sinc City or Town, St to the cause(s) and time, date and place.	W INJURY OC et and Numbe manner as sta and due to til	r or Rural Re Red. he cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and manner as stated. (Month, Day, Year)								
BE COMPLETED BY PHYSICIAN: MEDICA	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions c	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Ontributing to death by OSPITAL: Inpetient 2 FR/Outpi 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Computation) N: To the best of my knowledge of the basis of sxamination OMPLETED CAUSE OF DEA	CONSEQUENCE O CONSEQUENCE O ut not resulting atient 3 DOA 28b. TiM IN. At home, farm, ify) and/or investigation	26. F OTHER: 4 Nursing Hot EOF 28c. IN JURY M 1 street, factory, offs ed at the time, dat on, in my opinion,	PLACE OF DEATH (Cheme 5 Residence JURY AT ORK? YES 2 NO NO NO NO NO NO NO	PERI 1 YES 1 Other (Specify) 28d. DE\$CRIBE HO 28f. LOCATION (Sire City or Town, Sire to the cause(s) and tilms, date and place.	W INJURY OC et and Numba	r or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Dute Number, and menner as stated. (Month, Dey, Year) 2 1992								
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions consists of the conditions of the cause of the conditions of the cause of t	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Ontributing to death by OSPITAL: Inpetient 2 FR/Outpi 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Computation) N: To the best of my knowledge of the basis of sxamination OMPLETED CAUSE OF DEA	consequence of conseq	26. F OTHER: 4 Nursing Hor EOF 28c. IN JURY M 1 street, factory, offs ed at the time, date on, in my opinion,	PLACE OF DEATH (Che me 5 Residence DURY AT ORK? YES 2 NO ce a and place, and due death occured at the te	PERI 1 YES 1 Other (Specify) 28d. DE\$CRIBE HO 28f. LOCATION (Sire City or Town, Sire to the cause(s) and tilms, date and place.	W INJURY OC et and Numba	r or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Dute Number, and menner as stated. (Month, Dey, Year) 2 1992								

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death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of remo	r other
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	FOR 1 - STATE	STATE OF MARY!	_AND / DEP	PARTMENT OF	HEALTH AND I	MENTAL HYGIEN	92	35946		
	REGISTRAR 1. DECEOENT'S NAME (First, Middle, L	est)	CERT	IFICATE OF		REG. NO).	3. TIME OF DEATH		
		JAMES	RUSS	ELL HO	PKINS		1992	M		
100	4. SOCIAL SECURITY NUMBER 579-36-2656	5. SEX 6. AGE	(In yrs. last birthd	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-28-	30	IRTHPLACE (State or Foreign ountry) Wash, DC		
LOR	9a. FACILITY NAME (If not institution, g 4010 Hampden	Street			or Location of Di ensingto		9c. COUNTY O	GOMERY		
DIRECTOR	10a. STATE 10b. CO		10c.	CITY, TOWN OR LOCA				10d, INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	100. STREET AND NUMBER 4010 Hampden	Street		(1)	of ZIP CODE	0895		of what country?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	ZNO NO	If yes, a		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify: Black		
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 8 th		(Give kind life. Do No	nt's usual occupat d of work done during in OT use retired.)	ION ost of working	186. KIND OF BU	ISINESS/INDUST	RY		
M	17. FATHER'S NAME (First, Middle, Last)	DO	mestic	18 MOTHER'S NA	ME (First, Middle, Maider	Surnama)			
	Raymond Hopk					orence Le				
BE.	19a, INFORMANT'S NAME (Type/Print)	1110	19b. MAII	LING ADDRESS (Street		Route Number, City or Tox		20002		
2	Patricia Bro	wn (Cousin)	20	0 Rhode	Tsland	Ave. NI	E Wash	ington, DC		
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 C 4 Donation 5 Other (Specify)	2	0b. PLACE ANO	oate of dispositio	N (Name	DATE 20c. LC		or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	On	SNOV	NDEN FUN VOEN FUN VILLE	NERAL HON		Α.		
	23: PART I. Enter the diseases,							Approximate Interval Between		
	ahock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carcinoma of Bectum									
NO	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIF	that initiated events reaulting in death) LAST	d	X 0010230210							
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 JNO 1 1									
SICIAN	25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO	AL HOSPITAL: 1 Inpetiant 2 ER/Ou	dnetlent 3 🗆 Di	OTHER:	PLACE OF DEATH (C	heck only one) 8 Other (Specify)				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	7 28b	TIME OF 28c. I	JURY AT /ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED		
ED	2 Accident investigs 3 Suicide 8 Could no 4 Homicide determin	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, fa	erm, street, factory, of	lca	281. LOCATION (Street City or Town, State	t and Number or f e)	tural Route Number,		
COMPLET	CONTROL ONLY	PHYSICIAN: To the best of my known with the basis of examinet						ruse(a) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CER	volle is			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)	Ave	Konsu	phon	W6.		

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DIRECTOR

FUNERAL

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PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR		STATE OF N	//ARYLA	ND / DE	PARTI	WENT	OF H	DEATH	IND N	MENTAI	HYGIEN REG. NO.	E 92	2 3	5947	1
1. Decedent's NAME (First, A Deanna		Houchen	s							2. DATE	of DEATH	~28,1	992	3. TIME OF DEA 3:10 A	
4. SOCIAL SECURITY NUMBE 216 86 5405		5. SEX 1 M 2 F		73. last birthday) IF UNDER 1 YEAR IF UNDER 24 H 31 YRS. MONTHS DAYS HOURS M			MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 4 1961		61	a. BIRTHPLACE (State or Foreign Country) Maryland				
9a. FACILITY NAME (If not inst 7104 97th A	ve.	treet and number)			96		anh	am	OF DE	ATH		100	inty of D	Georges	3
Maryland :	юь соинту Prince	v e Georges	3	10	La	nhar		TION						10d. INSIDE CITY LIMITS? NX YES 2	
100. STREET AND NUMBER 7104 97th A	ve.							20706						States	
11. MARITAL STATUS 1 Never Married 2 X 3 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 K NO)	13. WI II) 1 [S DEC	CENDENT OF Healty Cuben, 1 2 M ND	NISPAN Mexican Specify	n, Puerto F	17 (Specify Yes Rican, etc.) NO	or No-	14. RACE Black Speci	E — American Indic, White, atc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+) 1 2				16a. DECED (Give la life. Do	e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clerk Bankin										
Not Availab	le				18. MOTNER'S NAME (First, Middle, Maiden Surname) Joyce Hall										
Timothy L.	Houch	ens						and <i>Number or</i> 2. Lan			yland	n, State, Zip 207			
20a. METHOD OF DISPOSITIO ©∑Burlel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	3 🗆 Remo		ceme	PLACE AND stery, cremato	ory or other	In C	eme	etery		9 1 3 -		entwo		wn, State aryland	
21. SIGNATURE OF FUNERAL ROUTE	3.3	Evans	J. F) Nos	J	Be.	a11 000	Anna	s F	uner is R	al Hom	vie M	arv1	and 207	15
23. PART I. Enter the diseases, or complications that deused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									neta , Setween						
if any, leading to immedicause, Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	ig 🖁	DUE TO	(OR AS A (CONSEQUEN	NCE OF):										
PART II. Other significant	t condition	a contributing to	death bu	it not resul	iting in t	the unde	erlying	g cause giv	ren In i	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b.	WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	TO CAUSE

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 ND 28b. TIME OF 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9 Could not be determined 4 Nomicide

29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of

nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF PERTIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PE WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Kevin J. Cullen, M.D 3800 Reservoir Rd. N.W. Washington D.C. 20007

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE rishia Davidson-Randall 3 DEC 0 1992

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out them for

BALTIMORE, MARYLAND 21215-00	hours after death. Page 6 may be retained by the hospital or attending	ed in by the funeral director, page 5 should be detached for use as the	or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR		CERTII	FICATE OF	DEATH	REG.	NO.					
		1. DECEDENT'S NAME (First, Middle, Last) Richard O.	Hardin	6			2. DATE OF DEATH		YEAR 3. TIME OF DEATH				
Part I		4. SOCIAL SECURITY NUMBER 578-34-9313		(In yrs. lest birthday,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1 8	BIRTHPLACE (State or Foreign Country).				
3.5	J.B.	9a. FACILITY NAME (If not institution, give s University Nursing			1.50	Spring		9c. COUNT	y OF DEATH				
es 1, 2	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, C	TY, TOWN OR LOCA				16d. INSIDE CITY				
permit. Pages	1 . 1	Maryland Prince	George's	Ну	attsvill				LIMITS? 1 X YES 2 NO				
is.	FUNERAL	3500 Jefferson Sti			1	20782			n of what country?				
Z I S-UUZU attending physician. se as the burlal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico \$ 2 X NO Specifi	NIC ORIGIN? (Specify on, Puerto Rican, etc. y:	Yes or No 14	RACE — American Indian, Black, White, stc. Specify: LTb if to 0.				
n attend use as	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT' (Give kind o	S USUAL OCCUPAT f work done during m	ION ost of working	16b. KIND OF	BUSINESS/INDUS	White				
by the hospital or attending be detached for use as the at once.	립	Elementary/Secondary (0-12)	College (1-4 or 5+)	100 110 110 110	Clerk			Hardwar	e Store				
MAKYLAND retained by the hospit 5 should be detached retified at once.		17. FATHER'S NAME (First, Middle, Last) Clarence R. Hardir	18			Gertru	ME (First, Middle, Mai	den Sumame) Bradley					
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)				end Number or Rural	Route Number, City or	Town, State, Zip Co	ode)				
ay be n page 5	-	Ron Harding 20s. METHOD OF DISPOSITION	201		Nicholso EOF DISPOSITION (A		yattsvill	e, Mary					
. Page 6 may by ral director, page		1 Donation 8 Other (Specify)	oval from State Cen	ort Line	oln Crem	atory 12	/3/92 Br		, Maryland				
death death fune fune		21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY FORT Lincoln Funeral Home, Inc., 3401 Bladensburg Rd., Brentwood, MD 20722											
urs after in by the removal		23. PART i. Enter the disesses, or called the shock, or heart failure.	complications that cause List only one cause on e	d the death. Do	not antar the m	oda of dying, suc	h as cardiac or re	papiratory srres	it, Approximate interval Between				
ted within 24 hours completely filled in to ial, cremation, or res		immediate cause (final disease or condition resulting in death)	Moterial	e cere	escila	from	resal pe	luci	Onset and Death				
8 6 3 6	NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
3 8 8 B	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO COD AS	A CONSEQUENCE									
of Hy	ERTI	that initiated events resulting in death) LAST	J	A CONSEQUENCE (OF):								
that the dea led by the art th and Menta	AL C	PART II. Other significant condition	s contributing to death t	but not resulting	in the underlying	ng ceuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO				
1 8 8 8 W	MEDICAL	PERFORMED? 1 VES 2 NO											
e law requir has been si Dept. of He		25. WAS CASE REFERRED TO MEDICAL							1 TES 2 NO				
SICIAN: The certificate to the State I the State I, or Item	PHYSICIAN	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	petient 3 🗆 DOA	OTHER:	ne 5 - Residence							
子語書		27. MANNER OF DEATH 1. Version 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	REO				
OR ATTENDING DIRECTOR: After hours after death tem 28 is man	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	Y — At home, farm,			281. LOCATION (Str. City or Town, St	eet end Number or late)	Rural Route Number,				
DIRECT HOURS	COMPLET	290. CERTIFIER (Check only	CIAN: To the best of my know	viedge, desth occur	rred st the time, dat	e end plece, end due	to the ceuse(e) and	menner sa stated.					
HOSPITAL FUNERAL WITHIN 72 I	COM	one) 2 MEDICAL EXAMINE	R: On the besie of examination						cause(s) and menner es stated.				
TO THE HOSPI TO THE FUNEF De filed within	O BE	29b. SIGNATURE AND TITLE OF OFFICE PROPERTY.	eleou,	M.D.		29c. LICENSE NUI	ABER P34	29d. DATE S	IGNED (Month, Day, Year)				
12	5	30. NAME AND ADDRESS OF PERSON WHO	BADM 3	720 FM	RR MASS	AIRE	KENCI	16900	MD 20895				
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NOT Randy	W.	11-0-	10.65//	e o por	, 101 10075				
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FOR

STATE OF MADVEAUD / DEDADTMENT OF HEALTH AND MEDITAL HYDISAR

	1 - STATE STATE CF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DAY YEAR			3. TIME OF DEATH
- 1	MATTIE ELIZABETH					11 26 95			10:48 P w		
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR			_	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		_	NPLACE (State or Foreign	
	577-14-3132	577-14-3132 ¹□м²× F 8.			MONTHS D	AYS	HOURS MIN.	01/08/1907	7		vland
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TO	WN O	R LOCATION OF DE	ATH	9c. COL	JNTY OF	DEATH
OR	6940 Heidelburg R	oad			Lanh	am			Pr	ince	George's
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATI	ON				10d, INSIDE CITY
DIRECTOR	Maryland Princ	e George	1 5	10.45	enbel		411				LIMITS?
	10e. STREET AND NUMBER	c ccorge	-	010	CIIDCI	-	ZIP CODE		10g. CIT	TIZEN OF	WHAT COUNTRY?
ER/	22 Ridge Road, #3	02				1 2	20770		U.	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN						IC ORIGIN? (Specify Yes		14. RAC	E — American Indian,
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W					cify Cuben, Mexican 2 🔯 NO Specify:	, Puerto Rican, etc.)		Spec	ck, White, etc.
											White
E	15. DECEDENT'S EDUC (Specify only highest grade of	completed)		(Give kind of Me. Do NOT us	work done durie	PATIO ng mos	N t of working	16b. KIND OF BUS	HNESS/IN	DUSTRY	
7	Elementary/Secondary (0-12) 8th Grade -	College (1-4 or 5 +		Waitres				Ceres	Rec	taur	ant
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Waltit	,,,		18. MOTHER'S NAM	ME (First, Middle, Maiden		caar	dire
	Edward B. Moore						Elizabe		Smit	h	
BE (19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	reet ar	nd Number or Rural R	oute Number, City or Town	n, State, Z	ip Code)	
2	Robert H. Osborne			6940	Heide	1bu	rg Road,	Lanham, N	D O	2070	6
	20a, METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remo	und from State		ACE AND DATE		M (Nar	ne of	DATE 20c. LOC	CATION -	- City or T	own, State
	4 Donation 5 Other (Specify)		Ft.	ry, crematory or o	Ln Cem		ry 11/3		ntwo	od,	Maryland
- 0	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		0			ADDRESS OF FAC	s Sons Fur	nero	1 Ho	ma D A
	Yack L	17 the	Day.					Ave., Hyat			
	23. PART I. Enter the diseasea, or co shock, or heart failure. L	omplications the	t ceused th	e deeth. Do	not enter the	moc	te of dying, such	as cardiec or reapi	ratory a	rreat,	Approximate
	iller DIATE CAUSE (Final	ist only one cau	C C	1 1110.	11						interval Between Onset and Death
	disease or condition resulting in death)	De	BI	114	Y						
	DUE TO (OR AS A CONSEQUENCE OF): PNEUMON[A-POST OBSTRUCTIVE 5-days Sequentially list conditions.										
S O	Sequentially list conditions,	PILE TO	COR AS A CO	MEEOUENCE O		T	021 0	SSIRU	01	IVE	3
¥	if any, leading to immediate cause. Enter UNDERLYING	RTG	7	() () (5 7	1	Moci	0.			>3-44
띮	CAUSE (Disease or injury 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO	(OR AS A CO	NSEQUENCE O	F): /		7-1001	1			
CERTIFICATION	resulting in death) LAST	西	0	DD							>10-27.
	PART II, Other significant conditions	contribution to	death but	not moulting	la the under	dt	cours about to t				
SAL	tho-CIRR	HOC1	C C	A C	in the under	1 C	Cause given in i	PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
= 1	The Chris	1100	-36	V-	401	V C	4.	1 YES 2	Жио		OF DEATH?
Σ								/			1 U Y58 2 U NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL				-	26. PL	ACE OF DEATH (Che	ck only one)	_		
200	EXAMINER?	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:	Home	5 Residence	5 Other (Specify)			
호	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIM	_	c. INJU	IRY AT	28d. DESCRIBE HOW IF	NJURY O	CCURED	
BY	1 Netural 5 Pending 2 Accident Investigation	(500737), 25	ay, 10a1)	77		□ Y					
	3 Suicide 8 Could not be	28a. PLACE O building,	F INJURY — etc. (Specify)	At home, farm,	street, factory,	offica		281. LOCATION (Street a City or Town, State)	nd Numbe	or Aurel	Route Number,
COMPLETED	4 Homicide detarmined										
7								to the cause(a) and man			
Š	one) & MEDICAL EXAMINER	: On the basia of a	camination ar	nd/or Investigation	n, in my opin	lon, de	ath occured at the t	time, data and place, and	d due to t	the cause((a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1.0	RO	· 4	10	П	29c. LICENSE NUM	BER	29d. DA	TE SIGNE	D (Month, Day, Year)
ဥ	Monor	Man	mu	1	力.		D-34	525	>	-0	18-92
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	Print)	0	014	Par Ala		MAY	0000
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	UNC	KO	AU;	井	214;	SOWIE	- /	M	1-20872
- 1	In the Country of the last total	UL. MEGISTRA	o ordinal U	PT 116	/						

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFI	CATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH							
	SARAH F. HOBS	ON	11 25	1912 0258 M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 65. YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH AUG. 27, 192	8. BIRTHPLACE (State or Foreign							
TOR	98. FACILITY NAME (If not institution, give street and number) WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK PRINCE GEO RESIDENCE OF DECEDENT										
DIRECTOR		ANDOVER		10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO							
FUNERAL	10a. STREET AND NUMBER 7716 WILLOW HILL DR.	101. ZIP COPE 5	10g. C	CITIZEN OF WHAT COUNTRY?							
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican 1 YES 2 NO Specify:	n, Puerto Rican, atc.)								
COMPLETED	(Specify only highest grade completed) (Give kind of with the Do NOT use the Do	USUAL OCCUPATION ork done during most of working a retired.) ESTIC	16b. KIND OF BUSINESS/II PVT •								
BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLES EVANS	,	ME (First, Middle, Melden Surname, CN HUNTER)							
TO B		ADDRESS (Street and Number or Rural R									
	20e, METHOD OF DISPOSITION 1 IX Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Campular Control of Disposition (Name of Campular Control of Campular Control of Campular Cont										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Nawana C. Braxton.	22. NAME AND ADDRESS OF FAC J.B. JENKI 7474 LANDOV	NS FUNERAL VER RD. LAND	HOME OVEr, MD20785							
	23. PART I. Enter the diseases, or complications that caused the death. Do not also also the death of the cause on each line. IMMEDIATE CAUSE (Final	ot enter the mode of dying, such	as cardiac or respiratory a	Approximate interval Between Onset and Death							
	disease or condition a. Due to (or as a conscouence of										
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF d.	www.g									
	PART II. Other aignificant conditions contributing to death but not resulting in	the underlying cause given in f	Part I. 24a. WAS AN AUTOPS	Y 24b, WERE AUTOPSY FINDINGS							
MEDICAL	Cancer exp	hagus	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: ME				NID							
SICIA		28. PLACE OF DEATH (Che									
PHX	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME (Month, Day, Year) INJURY	4 Nursing Home 5 Residence (OF 28c. INJURY AT WORK?	284. DESCRIBE HOW INJURY O	CCURED							
B≼	Accident Investigation	M 1 YES 2 NO									
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, at building, etc. (Specify)		281. LOCATION (Street and Numb City or Town, State)								
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation										
TO BE	29b. SIGNATURE AND TITLE OF DESTIFIER	D 29c LICENSE NUM	3452 D	ATE SIGNED (North, Day, Yol)							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type A NAME AND 7227 B	Hanover of	ky, Green	beltmp2072							
	31. DATE FILED (MORIT, Day, Your) 1992 32. REGISTRARY SIGNATURE Randall	۷-									

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Alta Harper December 3,1992 1:40A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 V F 216-42-9732 12-22-1903 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Southern Maryland Hospital Center Clinton Prince George's RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Prince George's Maryland Camp Springs 1 YES 2 XXHO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5002 <u>Colonial Drive</u> 20748 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 VINO IF YES, GIVE WAR OR DATES 1.1 WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Vee or if yee, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12th Housewife Home 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Proctor BE Anna Myers 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marla J. Carmichael 5002 Colonial Drive Camp Springs, Md. 20748 20a, METHOD OF DISPOSITION
1 W Burlal 2 Cremation 3
4 Denation 6 mer (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE metery, cremetory or other place) Woodlawn Cemetery 12-5-92 Baltimore, Maryland 21. SIGNATURE OF ERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill. 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death out not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

1X | Xnpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 5 G Residence 6 G Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Whatural
2 Accident 1 YES 2 NO 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER (Check only one)

1 [X] CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 [I AMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 290. SIGNATURE SHO TITLE OF CERTIFIED 29d. DATE SIGNED (Month. Day. Year) 12/3/92 30. NAME AND ADDRESS OF PERSON WHD CDMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rene E. Grace, M.D. 9131 Piscataway Rd. Clinton, Md. 20735 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall DEC 0 3 1992

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a new mined by the hospital or attending physician.	for page 5 shalld be detached for use as the burial-transit permit. Pages 1, 2, 3 should	-	must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	MENTAL HYGIEI		33732		
	1. DECEDENT'S NAME (First, Middle, Last) BLU AMIL 4. SOCIAL SECURITY NUMBER	J 5. SEX 6. AGE.	Hewle	Jr.	2. DATE OF DEATH MONTH	0 9	3. TIME OF DEATH 3, 4 A M BIRTHPLACE (State or Foreign		
	579667556 90. FACILITY NAME (If not institution, give s	1 N 2 □ F	8/ YRS. MON		(Month, Day, Year)		Country) Maryland		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	nIcmery							
	N/A		loc. City, 10	WN OR LOCATION ASHINGTON 101, ZIP CODE	7	Lan Civirea	10). INSIDE CITY LIMITS? NO		
FUNERAL	1651 Primr	05 C ROPO	IN U.S. ARMED	13. WAS DECENDENT OF HIS	12	L	RACE — American Indian,		
BY	1 Never Married 2 Rarried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yee, specify Cuben, Mei 1 YES 2 X NO Sp	(can, Puerto Rican, etc.)	14.	Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	lone during most of working red.)	16b. KIND OF BI				
OME	17. FATHER'S NAME (First, Middle, Last)	5+	Assistant	Superintende	nt D.C. P		Schools		
	Benjamin Joseph H	lenlev		1,000,000,000	Crawford	n Sumeme)			
S BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADD	RESS (Street and Number or Ru		wn, State, Zip Co	de)		
4	Adelaide W. Henle	y	1651 Pri	mrose Rd. N.	W., Washing	ton, D	.C. 20012		
20s, METHOD OF DISPOSITION 1X Youriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place) Park Lawn Memorial Park 12/4/92 Rockville, Mary									
	21. SIGNATURE OF FUNERIAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF McGuire Fune 7400 Georgia	ral Service	, Inc.			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximately 1. Approximately 1									
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	. ACUTE	RESPIR						
NOI	Sequantially list conditions,	equantially list conditions, Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	· HYPOT	EMSIOH!						
CERTIFICATION	that initiated events resulting in death) LAST	d. ATIRIA	A CONSEQUENCE OF): L F (B)	ZILLATI	UTI.				
AL	PART II. Other eignificant condition	a contributing to deeth b	but not resulting in th	e underlying cause given	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC					1 TYES	2 DNO	OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	(Check only one)				
SIC	EXAMINER? 1 - YES 2 NO	HOSPITAL:		HER: Nursing Home 5 - Residen	e 8 Other (Specify)				
	27. MANNER OF DEATH Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, street	lectory, office	281. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,		
COMPLETED	anal:	ICIAN: To the best of my know					ouse(s) and menner se stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	R A		29c. LICENSE I	IUMBER	29d. DATE SE	GNED (Month, Day, Year)		
0	And M.	Melita	MD	D 27	366	► 11	30/92		
10	30. NAME AND ADDRESS OF PERSON WHO	o completed cause of de		tog Coll	ege Pulk	CM)	20740,		
	31. DATE FILED (Morith, Day, Year) DEC 02 97 32. REGISTRAR'S SIGNATURE SIGNATURE AND DATE FILED (Morith, Day, Year)								

1	1	-	STATE REGISTR	Al
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE (OF DEATH	F	REG. NO),			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		100	3. TIME OF DEA	ATH
	JOHN FRAN	CIS HABEN, JR.				DEC.		19	YEAR	11.57	рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	8.	19		11:57	
	213-76-8403	1 J M 2 F	34	YRS.	MONTHS DA		(Month, De	ny, Year)		Countr	y)	
	9a. FACILITY NAME (If not institution, give si	_ ^	24		A) A) TO (WN OR LOCATION OF D	Feb 5	o, 1	958		rington,	D.C.
ac I					100		EATH		171	ITY OF D		
임	832 Crothers Lane Rockville Montgomery											
E	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR L	CATION					10d. INSIDE CIT	v
뜽	Maryland Mo	ntaamany									LIMITS?	
	10e. STREET AND NUMBER	ntgomery			Rocky	TTTE					1 XYES 2	
FUNERAL DIRECTOR	Carried to his action								"		HAT COUNTRY?	
H	832 Crothers Lan					20852				ted	States	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS	DECENDENT OF HISPAI , specify Cuban, Maxica	NIC ORIGIN? (S	pecify Ye	a or No-		— American Ind	llen,
B⊀	3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 NO Specif		11, 410.7		Specif	fy:	
		1									White	
1	15. DECEDENT'S EDUC (Specify only highest grade		(Gr	ive kind of	USUAL OCCUI	PATION g most of working			SINESS/INO			
۳	Elementary/Secondary (0-12)	College (1-4 or 5+))	Do NOT u					of P			
M		4	Pa	yrol	1 Supe	rvisor	Mar	nager	nent	(0.P)	.M.)	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden	Surname)			
BE		<u>Haben</u>				Lorrai	ne C	Cora	So.	lomo	n	
9	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	AOORESS (Str	set and Number or Rural	Route Number, (City or Tow	m, State, Zip	Code)		
F	John F. Haben (I	Father)	S	ame	as #10							
1	20e, METHOD OF DISPOSITION		20b. PLACE 4	NDDATE	DE DISPOSITIO	N/Name of	OATE	20c. LO	CATION —	City or To	wn. State	
	1 Surial 2 Cremation 3 Remo	wal from State	Cemetery, crei	matory or o	ther place)	Cemetery	1					
	1 General 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cemetery, crematory or other place) Gate of Heaven Cemetery Cemetery, crematory or other place) Cate of Heaven Cemetery 22. NAME AND ADDRESS OF FACILITY								14, 140	_		
	-11	2011			Rap	p Funeral	Servic	es.	P.A.			
	Della LS	. CWI	M008		933	p Funeral Gist Ave,	Silve	er Śp	oring	, MD	20910	
	23. PART J. Entar the diseases, or c	omplications that	caused the de	ath. Do r	not antar tha	moda of dying, suc	h aa cardiac	or resp	Iratory arr	est,	Approxim	
Interview of real relations of the control of the c									Interval E Onset an			
	disease or condition resulting in death)	Wastir	na Syndr	OME								
	Tooling in duality	. Wastin	OR AS A CONSEC	DENCE O	F):							
z		Acquir	ed Immu	ne D	eficie	ncy Syndro	me					
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE O	P):	noy by naic	ilio				-	
S	CAUSE (Disease or Injury	4										
里	that initiated events	OUE TO (OR AS A CONSEC	UENCE O	F):							
E	reaulting in death) LAST	ı.										
	DART II ON THE I										1	
MEDICAL	PART II. Other significant conditions	s contributing to c	death but not re	esuiting	n the undari	ying csuse given in	Part I. 24s	PERFOR	AUTOPSY	24b.	WERE AUTOPSY F	
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¥ I									/ 4		1 YES 2	NO.
<u> </u>												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20	. PLACE OF DEATH (Ch	eck only one)					
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2	FR/Outpetient 3	□ noa	OTHER:							
≟	27. MANNER OF DEATH	28a. DATE OF II		28b. TIM		INJURY AT	28d. DESCRI	-	ALILIEW OOG	11050		
	1 Netural 5 Pending	(Month, Day		INJ	URY	WORK?	200. DEŞCHI	BE HOW I	NJURY OCC	UMED		
B	2 Accident Investigation	28 - PLACE OF	101 11 1000			YES 2 NO						
	3 Suicide 8 Could not be	building, a	INJURY — At her tc. (Specify)	ne, term, s	dreet, factory, o	iffica	28f. LOCATIO City or To	N (Street i wn, State)	and Number	or Rural R	oute Number,	
COMPLETED				_								
립	(Check only 1 CERTIFYING PHYSIC	JAN: To the best of n	ny knowledge, des	ith occurre	d at the time,	fate end place, and due	to the cause(a) and mar	nner aa state	d.		
8						n, death occured at the					end menner as a	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE NUM						
BE	Samuel O. A.	lotan.	F111 W	175							(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH STEN	27)/3000	Print)	D.C.	1/053		DE	ec 9.	1992	
						i	11050	1.1 = = 1-	2 _ 1	_	00000	,
	Samuel C. Dotson	TIT 9 IVI . U	• DOU	renn:	syrvan:	La AVE SE	#ZDU,	wash	ingto	ın, L	JU 2000.	5
	31. DATE FILED (Month, Day, Year) 31. REGISTRAR'S SIGNATURE THE DAY OF THE PROPERTY OF THE P											

detached for use as the burial-transit permit. Pages 1, 2, 3 should he hospital or attending physician.

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AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIEI	NE	35954
		1. DECEDENT'S NAME (First, Middle, Last)	E Hep	Ad ner	da E. He	epner	2. DATE OF DEATH	*	3. TIME OF DEATH
pyro		206-44-5131		6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/8 189	6 W	BIRTHPLACE (State or Foreign Country) est Virginia
1, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give stree U SON FEW F RESIDENCE OF DECEDENT	4 Cure		-	hens bu		MO4	1 -
020 physician. burial-transit permit. Pages	DIRECTOR	Maryland Montg	omery	100	thersbu	rg			10d. INSIDE CITY LIMITS? 1 K YES 2 NO
. usit per	FUNERAL	301 Russell Avenue				20877		U.S.	N OF WHAT COUNTRY?
O 2 4	B		2. WAS DECEDENT EVER IN U.S. A FORCES? 1 \(\) YES 2 \(\) IF YES, GIVE WAR OR DATES		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
21215-0 ital or attending of for use as the	TO BE COMPLETED		npleted) (Cottege (1-4 or 5+)	Give kind of vie. Do NOT us	USUAL OCCUPATION OF A CONTROL OCCUPATION OF A CONTROL OCCUPATION OF A CONTROL OCCUPATION	ON est of working	16b. KIND OF BU		
AND 2 m hospital on ched fo		12 17. FATHER'S NAME (First, Middle, Last)	Ho	usewi	fe	18. MOTHER'S NA	Own Ho		
IC 1		Casper M. Bailey 190. INFORMANT'S NAME (Typo/Print)		9b. MAILINO	ADDRESS (Street a		et E. Mead		orfe)
L S S		Nancy Marino	1				gonier, P		,
ORE e 6 may ector, pa		20s. METHOD OF DISPOSITION 1 St Burial 2 □ Cremation 3 St Remova 4 □ Donation 5 □ Other (Specify)	I from State cemetery, c	rematory or of	of disposition (Na ther place) netery			ocation - cm	y or Town, State D Λ
ALTIN death. Pag thneral dir d. examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN		gir Ger	22. NAME A	ND ADDRESS OF FA	DeVol	Funer	al Home rg, MD. 20877
SO, within 24 hours aft pletely filled in by cremation, or remo		23. PART I. Enjer the diseases, or construct, or heart failure. Lis IMMEDIATE CAUSE (Simil disease or condition resulting in death)	t only one cause on each lir	n di	ot enter the mo	de of dying, suc	h as cardiac or resp	piratory arrest	t, Approximate Interval Between Onset and Death
P.O. BOX 68 th certificate be elecu- ending physician and I Hygiene prior to burn or other traumatte	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI						
RECORDS requires that the een signed by the of Health and M shows any Inju	MEDICAL	PART II. Other significant conditions of	contributing to death but not	resulting i	n the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS. AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL The lan inter has arte Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL OTHEŘ:	ACE OF DEATH (Ch	ock only one)		
OF V PHYSICIAL this certif with the riked, or	BY PHYS	1 VES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpetient 26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Hom E OF 28c. INJ URY WO	URY AT HRK?	6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUP	4ED
TENDI TOR: A after of	ETED B	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, s	treet, factory, office	•	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
독점점	COMPLE		N: To the best of my knowledge, of the bests of examination and/or						
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Janley	W_	>	29c. LICENSE NUN	BER S 4 C	29d. DATE \$	IGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT			515600	C-61 10	le -	B-th-
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			-	21.0		, and the second
		DFC 08 '92	Julia Davidson B	divige					

BALTIMORE MARNE AND 21215-0020	4 hours after death. Page 6 may averaged by an hospital or attending physic	illed in by the funeral director, page 5 process to triached for use as the burial- n, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 presence defined for use as the burial- filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

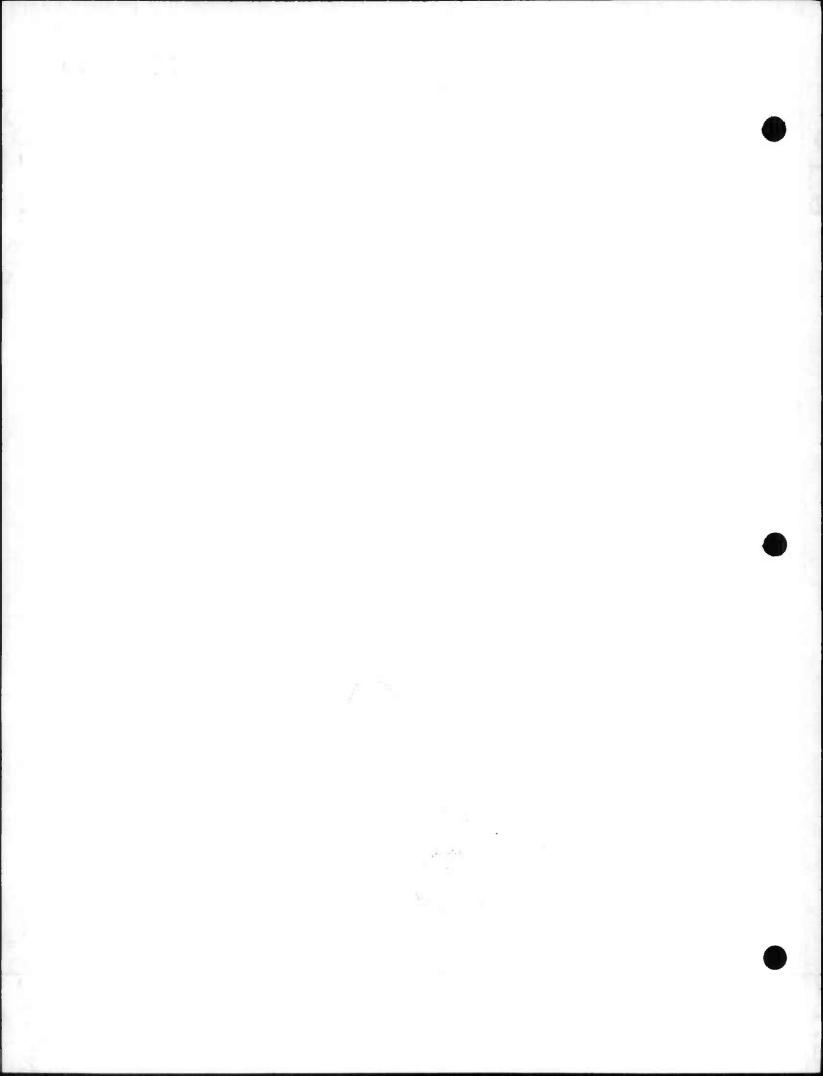
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LYSOV ani YEAR 92 12 1110 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 408-24-1199 1 M 2 | F 70 DEC.11,1921 TENNESSEE 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 7IP CODE 9900 WOODBURN ROAD 20901 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE -- American Indian, Black, White, etc. If yes, specify Cuben, Mexican, 1 YES 2 NO Specify: 1 Never Married 2 A Ma BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use relied.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 11 PAINTING CONTRACTOR be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) VESTOR HENDERSON BE IDA MILRANEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9900 WOODBURN ROAD ELIZABETH N. HENDERSON (WIFE) SPRING, MARYALND 20901 SILVER 20b. PLACE AND DATE OF DISPOSITION (Name of must t DATE 20c. LOCATION — City or Town, State HILL CEMETERY 12/7 SUITLAND, MARYLAND 21. SIGNATURE OF FUNERIAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR.,MD.20901 the medical meases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart felidire. List only one cause on each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 | YES 2 | ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1,8 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. the besie of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: BE (29d. DATE SIGNED (A MI 12 3 9 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Ptint) Orler

30. RECHSTRAP'S SIGNATUREL DO

31. DATE FILED (Month, Day, Year)

1992

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BALTIMORE,

24 nours after death. Page 6 may be HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 8 product		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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th A	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	63
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH S NAME (First, Middle, Last) 2. DATE OF DEATH ROSE GERTRUDE HALEY 3. TIME OF DEATH 12 5:20A ALE 7. DATE OF BIRTH (Month. Day 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth lay IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 [M 2 [yF YRS. 013-01-3346 DEC.2, 1908 MASSACHUSETTS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S COLLEGE PARK 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3711 MARLBROUGH WAY 20740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 \(\overline{\text{N}} \) NO \(Specify: \) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 🕅 Widowed 4 🔲 Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOMEMAKER 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANCIS LEO WALKER BARBARA BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 20003 ROGER K. HALEY (SON) 1243 INDEPENDENCE AVENUE, S.E. WASHINGTON, D.C. 20a. METHOD OF DISPOSITION
1 Durial 2A Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA 21. SIGNATURE OF FURERAL SESSICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART 4. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert feliure. List only one cause on each line. interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 606 1 TES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Nopetient 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 NO 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigati 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🔲 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 🔲 Homicide 29a, CERTIFIER CERTIFYING HIYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do occured at the time, data and place, and due to the cause(s) and manner as stated. BE 29d. DATE SIGNED (Mor 2 WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Grega orcaua

32. AEGISTRAR'S SIGN

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last)								3. TIME OF DEATH				
- 3	MARY AGNE	AHAN				DECEMBER 1, 1992			YEAR				
								۱, ۱					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER 2		7. DATE O	F BIRTH Day, Year)		8. BIRTHI	PLACE (State or Foreign
	220-44-8033 1 M 2 K F 99 YRS. MONTHS DAYS						HOURS	MIN.	TINE	12 1	893	MASH	NGTON, D.C
	9a. FACILITY NAME (If not institution, give st	41	"		01 01		10000			10, 1			
	PROFEST NAME (# NOT INSTITUTION, 91/4 SI	ueet and number)			9b. CITY, T	OWN OR	LOCATIO	N OF DE	ATH		9c. COU	NTY OF DE	ATH
DIRECTOR	HOLY CROSS HOSP	TTAL			SILVER SPRING						MONTO	GOMERY	
FI	RESIDENCE OF DECEDENT	211111			DIL	V LIC	DIRE	110				110111	JOHNSKI
E I	10a. STATE 10b. COUNTY	7		10c, CITY	, TOWN OR	LOCATIO	ON		_				10d, INSIDE CITY
E												- 1	LIMITS?
		TGOMERY		[S.	ILVER	SPR	RING						1 YES 2 NO
4	10e. STREET AND NUMBER					10f. Z	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	FOE CERRITING BOAD					1 2	20901					TICA	
Z	505 STERLING ROAD				_			_				USA	
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. W	AS DECEN	NDENT OF	HISPANI	C ORIGIN?	(Specify Yes	or No-	14. RACE	- American Indian, White, etc.
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	15. DECEDENT'S EDUC	CATION	10- DE	OCDENTIO I	USUAL OCC	V ID ATION			1				LE
2	(Specify only highest grade	completed)	(Gi	ive kind of w	ork done du				166.	KIND OF BUS	SINESS/INI	DUSTRY	
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1.	10 14001-	CD10 NA.	AE /El **	ddle, Maiden	Comme		
						Ι,							
BE	THOMAS J. MURTAU	GH_					FRA	NCE	SY.	LEWIS			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street end	l Number o	r Rural A	loute Numbe	r, City or Town	n. State. 74	Code1	
2	ANN E TEMADE	(DAUGHTE											ND 20901
	ANN E. LENART	(DAUGHII	ER)	000 8	TEKLI	NG K	KUAD	21.	LVER	SPRIN	IG, MA	KILAI	ND 20901
- 3	20a, METHOD OF DISPOSITION 1 Description 2 Commention 3 Remove		20b. PLACE			ION (Name	eof		DATE	20c. LO	CATION -	City or Tov	vn, State
	4 Donation 5 Other (Specify)	ovar from State	ARLING			NT A T			12/	ADIT	NOTO	NT 17	IRGINIA
- 4	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGE A	AKLING	TON			ADDRESS			HKLLI	NGIO	N, V.	TUGINIA
- 4	21. SIGNATURE OF FOREIGN SERVICE EIG	17 / /								FUNER	AT II	OME	TNC
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- 1	23. PART I. Enter the diseases, pr	omplications that	caused the de	ath. Do n	ot enter th	he mode	e of dyln	g, such	as cardi	ac Dr respi	ratory ar	rest,	Approximate
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- 11	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO ((OR AS A CONSEC	QUENCE OF):				Part I.	24a, WAS AN		24b.	WERE AUTOPSY FINDINGS
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BALTMORE MARYLAND 21215-0020
ter death Page and Department by the hospital or attending physician.
the human distance deapt should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical anamines

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

1	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFIC	CATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEAT	Ή
	Charle	es V. Hall					Decem	hor		YEAR	0.15	- M
	4. SOCIAL SECURITY NUMBER		. AGE (in yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BURTH	5, I		8:15 IPLACE (State or Fo	A
	578-10-4199	1 ☑ M 2 ☐ F	7.4	YRS.	WONTHS DAYS	HOURS NIN.	(Month, De	ny, Year)		Countr	y)	
	9a. FACILITY NAME (If not institution, give s	tood and number	74		AL ACT	OR LOCATION OF D	Feb.	1, 1	918	Wash	ington.	DC
nr l							EATH			NTY OF D		74
2	10205 Grant Aver	iue			Silve	r Spring			Mo	ontgo	omery	2
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		100 CITY	TOWN OR LOCAT	2000						
<u>E</u>		ntgomery	- 1			-11-					10d. INSIDE CITY LIMITS?	
	-	regomery		51.	lver Sp						1 TES 2 🙀	NO
ੋਂ	100. STREET AND NUMBER				101	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
当川	10205 Grant Ave	enue				20910			Uni	ted	States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARME	.D	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes		14. RACE	E — American India	en,
	1 Never Married 2 🔀 Married	IF YES, GIVE WAF	YES 2 NO			ecify Cuban, Mexico 2 X NO Speci		n, etc.)		Speci	k, White, etc.	
B	3 Widowed 4 Divorced	WW	II				•				White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECE	DENT'S U	SUAL OCCUPATION	ON	16b. KII	ID OF BUS	SINESS/INI	DUSTRY		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do	NOT use	ork done during mo retired.)	st of worlding						
르	12		Cler	rk			Sa	feway	y Sto	ores		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				•	18. MOTHER'S NA	ME (First, Midd	in Mairian	Sumamal			
E	Charles Vernon H	Jall					eth C.					
00	19a. INFORMANT'S NAME (Type/Print)	larr	10h A	AAII ING A	ODDESS /Charles	nd Number or Rural						
2			- 1									
į	David Hall 20s. METHOD OF DISPOSITION			_		Lane, B				207		
	1X Burial 2 Cremation 3 Rem	ovel from State	cemetery, crema	tory or other	DISPOSITION (Na er place)	1	DATE 20c. LOCATION — City or Town, S					
	4 Donation 5 Other (Specify)		Parklay	lawn Memorial Park 12/8/92 Ro						ckville, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC				Rober	t A. Pun	phrev	Fune	ral	Home	/Rockvil	le.
	Kaluk	tough	MO	0198	300	West Mor	Laomer	VAV	enue		In	ic.
	23. PART I. Enter the diseases, or o	complications that	aused the deat	h. Do no	t enter the mo	ville, M	arylan	a men	0850	-280.	5 Approxima	-
ı	ahock, or heart failure.	List only one cause	on each line.			ar ar aymig, sac	A. 44 04 04 04 0	or respi	natory at	reat,	Interval Be	etween
	IMMEDIATE CAUSE (Final disease or condition		1.	1		*					Onset and	Death
	resulting in death)	a	KJUP		emi	w						
		DUE TO (O	R AS A CONSEQUE	ENCE OF):	:							
CERTIFICATION	Sequentially list conditions,	b									_	
F	if any, leading to immediate cause. Enter UNDERLYING	00 10 (O	R AS A CONSEDUE	ENCE OF):	:							
	CAUSE (Disease or injury	c. DUE TO (O	R AS A CONSEDUE	ENCE OF								
Ē	that initiated events resulting in death) LAST	302 10 (0	n AS A CONSEDUE	ENGE OF)	•						i	- 1
與		d									_	
ا بُد	PART II. Other aignificant condition	s contributing to de	eath but not res	ulting in	the underlying	g cause given in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FIL	NDINGS
DICAL			MI R	/ /	sease			PERFOR		1	AMAILABLE PRIOR	
	- Course		1				1	YES 2	☐ NO		OF DEATH?	
Σ											1 TES 2 T	10
PHYSICIAN: ME												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL	ACE OF DEATH (C)	neck only one)					
YS	1 TYES 2 NO	1 Inpetient 2 E	R/Outpatient 3			e 5 🕅 Residence	6 🗆 Other (Sp	necify)				
표	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY 2 Year)	86. TIME INJU		URY AT RK?	28d. DEŞCRI	BE HOW I	NJURY OC	CURED		
B	1 X Netural 5 Pending 2 Accident Investigation				M 1 🗆 1	ES 2 NO						
E0 1	3 Suicide 6 Could not be	28a. PLACE OF I building, etc	NJURY — At home (Specify)	, farm, atr	eet, factory, offic		281, LOCATIO	M (Street a	and Number	or Rural F	loute Number,	
	4 Homicide detarmined						J 047 K	Arri, Grater				
2 1	29a. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, death	occurred	at the time, data	and place, and due	to the causel) and man	mer es ste	ted		
COMPLET	one) 2 MEDICAL EXAMINE) and manner as at	ated.
ŏ	29b. SIGNATURE AND TITLE OF CERTIFIE				-							
BE	- Comment	0	1.			29c. LICENSE NU	7/2				(Month, Day, Year)	
2	Vunnen	$\omega \simeq$	Jun	10		D-1	1133		De	ec. 7	, 1992	
	30. NAME AND ADDRESS OF PERSON WH											
1	Lawrence Swink,			ve F	Road, Si	llver Sp	ring, 1	Mary	land	209	004	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	SIGNATURE	2 00								
1	DEC 08 °92 Julia Devidson Rondelle											

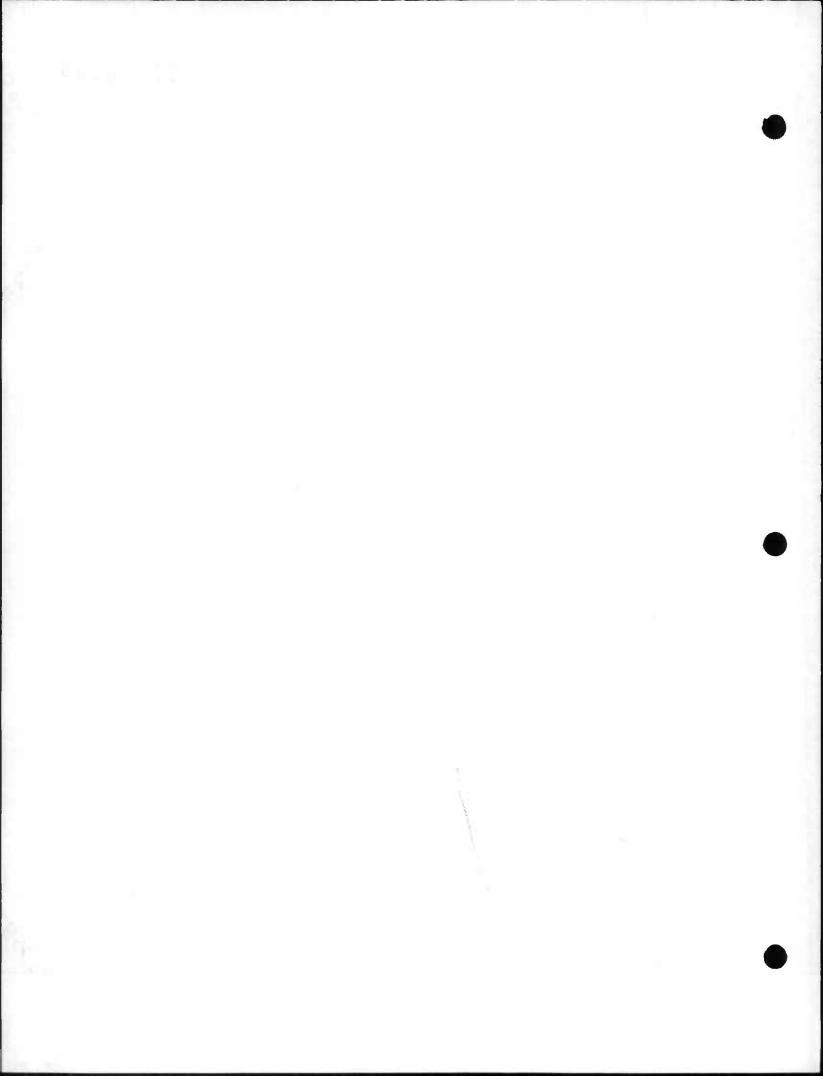
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 km be refined by the attending physician and completely filled in by the funeral direction. See 5 and the deache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If filem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

by the Nospital or attending physician. and be denoted for use as the burial-transit permit. Pages 1, 2, 3 should

HYLAND 21215-0020

BALTIMORE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE; MARYLAND 21215-0020	15-0020
TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be minimed by the loospital or attending physicia	I hours after death. Page 6 may by prained by the hospital or atter	ttending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages arrund by denouse as the burial-to	lled in by the funeral director, page and by defiched for use a	as the burial-t
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n, or removal.	
INCORPORATE IN term On the market of the Control of the control of the market of the market of the market of the control of th	and the land and have been been been been	

31. DATE FILED (Month, Day, Year)
DEC 07 '92

	FOR STATE REGISTRAR	STATE OF MARY		EPARTMEN RTIFICAT			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Les	et)					2. DATE	OF DEATH			3. TIME OF DEATH
1		Doris O	dette	Jorda	n		Dece	ember 2	, 19	92	5:00 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest b		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	İ	8. BIRTH Countr	IPLACE (State or Foreign
	227-36-2988	1 🗌 M 2 💢 F	60	YRS. MONTHS	DAYS	HOURS MIN.			932		m ginia
1	9a. FACILITY NAME (If not institution, give	e street and number)	-	9b. CI	Y, TOWN C	R LOCATION OF D				NTY OF D	
DIRECTOR	703 Erie Avenue			Ta	akoma	Park			Mon	tgom	ery
H.	10a. STATE 10b. COU			10c. CITY, TOWN							10d. INSIDE CITY LIMITS?
		gomery		Takom	a Par	·k					1 XXYES 2 NO
FUNERAL	104. STREET AND NUMBER				10f	, ZIP CODE					WHAT COUNTRY?
Ä	703 Erie Avenue	T					20912				States
5	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YYES	2 NO		If yes, spe	ENDENT OF HISPAI scity Cuban, Mexico	en, Puerto		or No-	14. RACE Black	E American Indian, ic, White, etc.
₽	3 Widowed 4 Divorced	IF YES, GIVE WAN OR	DATES	i i	1 TYES	2 NO Specif	ly:		i	Speci	ny: lack
	15. DECEDENT'S E			DENT'S USUAL			166	. KIND OF BUS	SINESS/IND		Idex
ļ iļ	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Di	kind of work don to NOT use retired.	during mo	st of working	N	lontgom	nery	Coun	ty
Į Ę		4	Т	Teacher				Public	_		,
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER'S NA					
ш	Alfred Hunter					Ethe]	L Smi	th			
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDRE	SS (Street a	nd Number or Rurel	Route Nurr	ber, City or Town	n, State, Zip	Code)	
	Valerie R. Jor	dan		Same as	10						
nan nan	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re			D DATE OF DISPO			DAT	_	CATION —		
	4 Donation 5 Other (Specify)		Suburb	atory or other place oan Cres			12-	5 Silv	er S	prin	g, Maryland
a cyalling	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				Funeral	CILITY				
	Ellen	N. Kap	P								MD 20910
0 0 0	23. PART I. Enter the diseases, or heart fellur	r complications that cause e. List only one cause on	d the deat	h. Do not ente	r the mo	de of dying, suc	h es car	diac or respi	ratory arr	rest,	Approximate
	IMMEDIATE CAUSE (Fine)	e. List only one cause on	t a	N1	1			1.1			Onset and Death
1, 119	disease or condition resulting in death)	. Metastal	tic &	3 ladd	er	ANCO	5/3	with			3 yours
0		DUE TO (OR AS	A CONSEOU	ENCE OF):	2 1 2 1		-				1
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS	A CONSEQU	ENCE OF):	CHIN	Metas Pul	74(21)	1 0 2 70	eous		
AT	if any, leading to immediate cause. Enter UNDERLYING			,	Ans	Pul	Mona	17 Me	etarto	rsi	j
FE	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQU		/ [. 40		***************************************	1		.013	
RTIF	resulting in death) LAST	d									
	PART II. Other significent conditi	one contribution to death	but not con				De et 4			1.00	
	TATT II. Other argumeett conditi	One contributing to death	out not res	witing in the t	maeriying	ceuse given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMJUABLE PRIOR TO
								1 TYES 2	X NO		OF DEATH?
Σ		<u> </u>					-				1 TYES 2 THO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL	1			26 Dt	ACE OF DEATH (Ch	and anti-a	00)			
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	tnetlant 3	OTHE	R:						
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY		28b. TIME OF	28c. INJ	● 5 X Residence	_	SCRIBE HOW II	NJURY OCC	CURED	
ВУ РН	1 Netural 5 Pending	(Month, Day, Year)		INJURY	WO	RK7 'ES 2 NO					
	2 Accident Investigatio 3 Suicide 6 Could not b	28e. PLACE OF INJUR	Y At home	e, ferm, street, fe		7.5		CATION (Street a	and Number	or Rural F	Route Number,
TEC	4 Homicide detarmined		ecify)				City	or Town, State)			
COMPLETED	29a. CERTIFIER 1 Y CERTIFYING PH	YSICIAN: To the best of my know	wiedge, death	h occurred at the	time data	and place, and due	to the co	use(s) and mac	nor on elek	ad .	
M M		NER: On the basis of exemination) and manner as stated.
i ö	296, SIGNATURE AND TITLE OF CERTIF			-		29c. LICENSE NUI					(Month, Day, Year)
BE COMPLE	House It	MA			1	1203	3,(er 4, 1992
일	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 2	27) (Type, Print)			, - ~	_	Dec	Sellin	51 4, 1332
	Harvey I. Katze	n, M. D., 75	25 Gr	eenway	Cent	er Drive	, #2	15, Gr	eenbe	elt,	MD 20770
	31. DATE FILED (Month, Day, Year) DFC 07 '92	32. REGISTRAR'S SIG	ACURE A	2							

	1 - STATE REGISTRAR	STATE OF I			RTMENT				IENTAL HYGIEN REG. NO.	9	2 3	35960.
	1. DECEDENT'S NAME (First, Middle, Last) RONALD	L Ron			kson				2. DATE OF OEATH	-920	Z 3.	TIME OF DEATH 4:40 AAM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6	. BIRTHPL/ Country)	NCE (State or Foreign
	240-19-8277 90. FACILITY NAME (If not institution, give st	1 🔀 M 2 🗌 F	32	YR\$.					10-9-1		Wash	
Œ	Washington Adv		Hogni+	- 2 7		koma		ON OF DEA	TH	9c. COUNT		
25	RESIDENCE OF DECEDENT		nospre					alk		MOI	NTGO	MERY
DIRECTOR	Maryland Mont	gomery			Burt			10				d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	J 1				_	ZIP CODI			10a, CITIZE		YES 2 NO
FUNERAL	13504 Green Ca	stle R	idge Te	r.	#202		20	0866			J.S.	
5	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDEN	T EVER IN U.S. AR		13. V	VAS DECE	NDENT C	F HISPANI	C ORIGIN? (Specify Yes, Puerto Rican, etc.)			American Indian
BY	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES					Specify:			Specify:	Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 yrs 17. FATHER'S NAME (First, Middle, Last) Line Local County of Working (She kind of work done during most of working life. Do NOT use retired.) Xray Technician 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	+) <i>inte.</i>	Do NOT U	retired.)							
OM	17. FATHER'S NAME (First, Middle, Last)	1 115		Luy	160.				E (First, Middle, Maiden	Surname)		
BE C	Unknown								zetta L.	,	Lace	
6	19s. INFORMANT'S NAME (Type/Print)	n /n=: E.							oute Number, City or Town			20874
	Beverly Jackso	u (MIIE	-					Ridge	e Dr., G			
	# Donation 5 Other (Specify)	oval from Stata	cemetery, cree	matory or o	ther place!			'hane	DATE 20c. LOG	ATION - CH		Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	engte)	1	12	22. N	NAME AND	ADDRES	SS OF FACI	LITY			
	Seome	K. 10	mou	Lell				FUN LE.	ERAL HOM		.A.	
	23. PART I. Enter the discusses, or c shock, or head failure. I	omplications the	t caused the de	ath. Do	not enter	the mode	e of dyl	ng, such	as cardiac or respi	ratory srres	t,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CO	2171	rai	97.7	Spi	rat	ort1	Failure			Onset and Death
	resulting in death)	DUR TO	HOM AS A CONSEC	AND O	21	1	H	~~~				
Z	Sequentially list conditions.	1	uma	41	W	NU	14		•			
ATIO	if any, leading to immediate cause. Enter UNDERLYING	1000	DR AS A CONSEC	DUENCE O	P	neur	mon	ia	9			
FIC	CAUSE (Disease or injury that initiated events	DUE TO	(OF ASJA CONSTO	YENDER	n: / L1	МІ	1.0	1-1				
CERTIFICATION	resulting in death) LAST	JAM	MIST	MI	- (1	10-	10	pu	NO			
	PART II. Other significant conditions	pontributing to	douth but not re	esulting	In the unc	derlying	cause	Iven in P	art I. 242 105 AN		24b. WE	RE AUTOPSY FINDINGS
SICAL	unun	HIM	1					•	1 _ YES 2		00	MPLETION OF CAUSE DEATHY
MED	Fryns	_	Anemia						_		0.752	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	Seps:	is			20 20 4	ar ar a	F What I store				
PHYSICIAN:	EXAMINERY 1 PES 2 DAG	HOSPITAL:	ER/Outpatient 3	□ poa	OTHER	:	-	EATH (Chec	Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIN		28c. INJUE WOR	RY AT		28d. DESCRIBE HOW IN	JURY OCCU	RED	
ВУ	1 Patural 5 Pending 2 Accident Investigation				М	1 TYE		NO NO				
TED	3 Suicide 6 Could not be determined	28e. PLACE O	F INJURY — At hor atc. (Specify)	me, farm,	atreet, facto	ry, offica			28t. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,
COMPLET	Charles only 1 CERTIFYING PHYSIC											
	254 SPARATURE AND TITLE OF GERTIFIER	/		ha	ni, in my op	-			me, data and place, and			
TO BE	Ym WW	WW	an	1		,	D	DIV	PA	P 12	3	nth Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO Dr Lewis Denni					Л т	177	001	logo De-	le 14	2 H 2	0740
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		L Ka	, #L	77/	COT	lege Par	K, Mo	a #2	0/40
	DEC 07 100	Cha Daine	Ina trande	134								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 12 to the instance of the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral dimenter manner of detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	ricolo (riArt		OLITIII	ICATE OF	DEATH	HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) BHARATI		Jacus			2. DATE OF DEATH		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	OUSHI					92 2315 PM
	28/667330	1 M 2 F	6. AGE (In yrs. lest birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give a	treet and number)	1	9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	WASHING PESIDENCE OF DECEDENT	TON AS	DUE WIST HOP	1 TAK	OMM PAR	K	MONT	GOMERY
EC	10e, STATE 10b, COUNTY	,	10e. CIT	Y, TOWN OR LOCAT	ION			1Qd, INSIDE CITY
			/ W/	ASHINGT	ON, D.C			1 VES 2 NO
FUNERAL	10e. STREET AND NUMBER	XX 140	4 LEFGATE	RD NV	ZIP CODE 2001	2	10g. CITIZEI	N OF WHAT COUNTRY?
N	11. MARITAL STATUS		IT EVER IN U.S. ARMED	13 WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No. 14	. RACE — American Indian,
	1- Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, sp	ecify Cuben, Mexica	n, Puerto Rican, etc.)	01 NO - 14	Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES X	1 U YES	2 NO Specify	y:		Specify: INDIAN
Q	15. DECEDENT'S EDUC		16a, DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	INFSS/INDUS	TRY
COMPLETED	(Specify only highest grade		(Give kind of	work done during mo		ios. Kino or boo	///C33///C03	TAY
7	Elementary/Secondary (0-12)	College (1-4 or 5	DUVOT.	TABL		MEDIC	AL DO	CTOD
<u>=</u>	17. FATHER'S NAME (First, Middle, Lest)	-5+ -	T SHAZII	ΔIV		ME	AL II	IL TUK
	CODAL	A CHANIE	100111		18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE	In In In In	HANDRA	10841		HANS	4	PAN	
2	19e. INFORMANT'S NAME (Type/Print)	_	19b. MAILING	ADDRESS (Street a	nd Number or Rural i	Route Number, City or Town	n, State, Zip Co	ode)
-	PRATIRHA JOSE		121	Z BURTO	IN SI.	SILVER S	PRIN	i , MD 20910
	20e. METHOD OF DISPOSITION	ovel from State	206. PLACE AND DATE		ame of	OATE 20c, LO	CATION - CIT	y or Town, State
	1 Donation 5 Other (Specify)		METROPOL		EMATOR	v 12/1/92	ALEX	XANDRIA .VA
	21. BIGNATURE OF FUNERAL BENVICE LIC	DOSE /	7 (1		D ADDRESS OF FA	CILITY TAKON	IA EIII	JEDAI HOME
	> Muchap	20	Zegla	254 c	CARROLL			STON, DC 2001
	23. PART I. Enter the diseases, or o	omplications the	t caused the death. Do	not enter the mo	de of dying, suc	h as cardiac or reapi	retory srres	t, Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	ise on each line.		,	۸		Interval Between Onset and Dauth
	disesse or condition		Rosh	Snaton	1 (00	luse		Oriset and Danti
	resulting in death)	a. DUE TO	(OR AS A CONSEQUENCE O	D. (1 700			
	la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	552 10	Malask	a his	(- 10	on tran	10190	ro 4 mlls
CERTIFICATION	Sequentially list conditions,	b. DHE TO	(OR AS A CONSEQUENCE O	THE STATE OF THE S	CELVICO	The state of the s	7000	4 miles
F	if any, leading to immediate cause. Enter UNDERLYING	552 10	(OII AS A CONSECUENCE O	r).		0 1		
	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEQUENCE O	D.			-	
Ē	that initiated events resulting in death) LAST	502 10	ON AS A CONSEQUENCE O	r).				6
岚		d						
	PART II. Other significent condition	s contributing to	death but not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	NO	OF DEATH?
2								1 TYES 2 NO
ž								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
S	1 TYES 2 THO		ER/Outpatient 3 DOA		e 5 🗆 Residenca	6 Other (Specify)		
F	27. MANNER OF OEATH	26e. DATE OF (Month, D			URY AT	26d. DESCRIBE HOW II	JURY OCCUP	RED
BY	1 Natural 5 Pending Investigation	(Months, E	-, 100.7		rES 2 NO			
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At home, farm,	street, factory, offic		28f. LOCATION (Street a	nd Number or	Rural Route Number,
Ĕ	4 Homicide determined	building,	etc. (Specify)			City or Town, State)		
COMPLETED	29e. CERTIFIER							
<u>=</u>	(Check only 1 CERTIFYING PHYSI		my knowledge, death occurr					
Ö	2 MEDICAL EXAMINE	R: On the beele of e	xamination end/or investigation	in, in my opinion, d	eath occured at the	time, date end place, en	d due to the c	euse(s) end manner ee stated.
BE	29b. SIGNATURE AND THE OF CERTIFIER	1	222		29c LICENSE NUM	IBER	29d. DATE S	IGNED (Mobth, Day, Year)
	A Part	DW	- 1/10		D-33	3482	> 1	2/1/92
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAU	SE OF OEATH (ITEM 27) (Type	, Print)	0			11
	Sailer Anand &	no 7	- 1	nover 1	DEM COM	cenbelt 1	MD 2	20770.
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	4400	(1)		147 6	V 1 1
	DEC 03 '92	Sulia Nous	due Bandoll		-			

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the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 ma
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 ma
TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burlai-th be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlai, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E			
9	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	v ven	3. TIME OF DEATH		
	Frederick	<u>F.</u> Je			Nov. 30.	1992	6:53 A.M		
	4. SOCIAL SECURITY NUMBER	ſ		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
		1 M 2 D F	57 YRS.	ONTHS DAYS HOURS MIN.	Jan. 27,1		sconsin		
000	Se. FACILITY NAME (If not institution, give s	,		b. CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF I	DEATH		
DIRECTOR	11804 Piney Gl	<u>en Lane</u>		Potomac		Montac	mery		
E C	10a. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCATION			10d, INSIDE CITY		
	Maryland Mon	ntgomery	Pot	tomac			1 TES 2 NO		
FUNERAL	10s. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
H	11804 Piney Gl			20854		States			
2	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes	or No- 14, RAC Blac	E — American Indian, k, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES 2 XNO Spec		Spec	mite		
	15. DECEDENT'S EDU		16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUS		1113		
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during most of working retired.)					
4		6	Electric	al Engineer	Presider	nt of Pa	ramax		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maiden S	Surname)			
BE	Frederick F. Je	enny, Jr.		Emilie		Hlavaty			
5	19a. INFORMANT'S NAME (Type/Print)	(1110)		DDRESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)			
	Catherine F. Jenn			as #10		-			
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State CO	metary, crematory or othe	DISPOSITION (Name of r place)		CATION — City or To	The Common of th		
	21. SIGNATURE OF FUNERAL SERVICE LIC		<u>Suburban C</u>	rematory 1 22. NAME AND ADDRESS OF F		ver Spr	ing, MD		
	10	12/1		Rapp Funeral	Services.	P.A.			
	23. PART I. Enter the diseases, or o	SWI	M00827	933 Gist Ave	. Silver Sp	ring. MD	20910		
	shock, or heart failure. iMMEDIATE CAUSE (Finel	a. RECURRI	each line.	ADDER CANC		atory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
RT	resulting in death) LAST	d					_		
	PART II Other significant condition	a contribution to death							
MEDICAL	PART if. Other significant condition	s contributing to death	but not resulting in	the underlying cause given in	Perform	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
2					-		1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)				
SIC	EXAMINER? 1 Tyes 2 X NO	HOSPITAL: 1 Inpetient 2 ER/Out		THER: Nursing Home 5 (X Residence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJURY AT	28d. DESCRIBE HOW IN	JURY OCCUREO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, stre	28t. LOCATION (Street a City or Town, State)	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	in a			at the time, date and place, and du in my opinion, death occured at the			s) end manner as stated,		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	hems		29c. LICENSE NU	MBER D.C.	29d, DATE SIGNED	(Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH			rint)					
	Thomas J. Stahl,	M D 7000	Recervoir	Rd NW GTUH I	Washington.	DC 200	n7		
	31. DATE FILEO (Month, Day, Year)	30. REGISTBAR'S SIGN		ria, in alon,	10011211900119	200	07		

	I U.S. ARMED 2 MNO NTES 18a. DECEDENT (Give Mind of the Do NOT)	9b. CITY Cli: TY, TOWN () lint() 13.	ON LOCATON ON LOCATON	ZIP CODE 207 ENDENT O ecify Cubar 20 NO	24 HRS. MIN. DN OF DEA	11 2 7. DATE OF BIRTH (Month, Day, Year) (1ay 8, 1	10g. CITI	Country Was NTY OF DE G. G. It ARACE Black Specific Country Was NTY OF DE G. G. It ARACE Black Specific Country Was NTY OF DE G. G. Country Was NTY OF DE G. Country Was NT	10d. INSIDE CITY LIMITS? 1. YES 2 NO HAT COUNTRY? States - American Indian, White, etc.	
Sing Ho	NU.S. ARMED 2 MONTO 186. DECEDENT (Give Aird of the Do NOT)	9b. CITY Cli: TY, TOWN (lint(13.	ON LOCATON ON LOCATON	HOURS PR LOCATION I. ZIP CODE 2 0 7 ENDENT O eacify Cuber 2 1000 DN	MIN. ON OF DEAL	7. DATE OF BIRTH (Month, Day, Year) 1ay 8, 1 TH	908 sc. cou P	BISTHICOUNTY Was NTY OF DE G. G. LAND BISCH OF W	10d. INSIDE CITY LIMITS? 1. YES 2 NO HAT COUNTRY? States - American Indian, White, etc.	
Sing Ho	NU.S. ARMED 2 MONTO 186. DECEDENT (Give Aird of the Do NOT)	9b. CITY Cli: TY, TOWN (lint(13.	ON LOCATON ON LOCATON	HOURS PR LOCATION I. ZIP CODE 2 0 7 ENDENT O eacify Cuber 2 1000 DN	MIN. ON OF DEAL	(Month, Day, Year) 1ay 8 1 TH	9c. COU	Country Was NTY OF DE G. G. It ARACE Black Specific Country Was NTY OF DE G. G. It ARACE Black Specific Country Was NTY OF DE G. G. Country Was NTY OF DE G. Country Was NT	10d. INSIDE CITY LIMITS? 1. YES 2 NO HAT COUNTRY? States - American Indian, White, etc.	
ECEDENT EVER IN SS? 1 TYES, GIVE WAR OR DA	DME 19c. CI C] I U.S. ARMED 2 MNO AVES 18a. DECEDENT (Give kind of the Do NOT)	Cli: TY, TOWN (lint(13. 3 USUAL Of work done use relied.)	On location long location long location long long long long long long long lo	TION TO ZIP CODE 207 ENDENT O ecity Cuber 280 NO	ON OF DEA	TH C ORIGIN? (Specify Ye	9c. COU	G. ZEN OF W 14. RACE Black Specific	10d. INSIDE CITY LIMITS? 1. YES 2 NO HAT COUNTRY? States — American Indian, White, etc.	
ECEDENT EVER IN 12S? 1 YES	I U.S. ARMED 2 MNO NTES 18a. DECEDENT (Give Mind of the Do NOT)	Cli: TY, TOWN (lint(13. 3 USUAL Of work done use relied.)	On location long location long location long long long long long long long lo	TION TO ZIP CODE 207 ENDENT O ecity Cuber 280 NO	35 FHISPANIO	C ORIGIN? (Specify Ye	10g. CITI	.G. IZEN OF W	10d. INSIDE CITY LIMITS? 1. YES 2 NO HAT COUNTRY? States - American Indian, White, etc.	
ECEDENT EVER IN 1987 1 1 YES , GIVE WAR OR DA	I U.S. ARMED 2 MNO NTES 18a. DECEDENT (Give Mind of the Do NOT)	13. S USUAL Of work done use retired.)	OR LOCATO	ZIP CODE 207 ENDENT O ecify Cubar 20 NO	35 F HISPANIC n, Maxican,		10g. CITI	ted 14. RACE Black Specific	LIMITS? 1 YES 2 NO HAT COUNTRY? States — American Indian, White, etc.	
ES? 1 YES	U.S. ARMED 2 DINO ATES 18a. DECEDENT' (Give kind of life. Do NOT)	13. S USUAL Of work done use retired.)	WAS DEC	Z 0 7 ENDENT O	35 F HISPANIC n, Maxican,		Uni or No-	ted 14. RACE Black Specific	LIMITS? 1 YES 2 NO HAT COUNTRY? States — American Indian, White, etc.	
ES? 1 YES	I U.S. ARMED 2 DINO XTES 18a. DECEDENT' (Give kind a	13. S USUAL Of work done use retired.)	WAS DEC If yes, sp 1 YES	207 ENDENT O	35 F HISPANIC n, Maxican,		Uni or No-	ted 14. RACE Black Specific	1 YES 2 NO HAT COUNTRY? States - American Indian, , White, etc.	
ES? 1 YES	I U.S. ARMED 2 DINO XTES 18a. DECEDENT' (Give kind a	13. S USUAL Of work done use retired.)	WAS DEC If yes, sp 1 YES	207 ENDENT O	35 F HISPANIC n, Maxican,		Uni or No-	ted 14. RACE Black Specific	States - American Indian, , White, etc.	
ES? 1 YES	2 NO ATES 18a. DECEDENT (Give kind of life. Do NOT)	'S USUAL Of work done use retired.)	If yes, sp	ENDENT O	F HISPANIC n, Mexican,		a or No—	14. RACE Black Specifi	— American Indian, White, etc.	
ES? 1 YES	2 NO ATES 18a. DECEDENT (Give kind of life. Do NOT)	'S USUAL Of work done use retired.)	If yes, sp	ENDENT O	F HISPANIC n, Mexican,		a or No—	14. RACE Black Specifi	— American Indian, White, etc.	
, GIVE WAR OR DA	18a. DECEDENT (Give kind of life. Do NOT	S USUAL Of work done use retired.)	1 YES	2X NO		, Puarto Rican, etc.)		Spec//		
1-4 or 5+)	(Give kind of life. Do NOT	f work done use retired.)	during mo	ON set of workin				DI	y:	
1-4 or 5+)	(Give kind of life. Do NOT	f work done use retired.)	during mo	ON set of working				Blac	k	
1-4 or 5+)				POL OF PROPERTY	g	16b. KIND OF BU	ISINESS/INC	DUSTRY		
	Mail S	Sort				-				
		JOIC	er			Gover		<u>t</u>		
						E (First, Middle, Malden	Sumame)			
						Mason				
	100000000000000000000000000000000000000					oute Number, City or Tov				
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itata of	cometary cremato	or other	niace)							
На	armony	Memo	oria	al C	em 1					
_)				ноад				
11110	10/2	/ 3'	720	Old	SIL	ver Hil	1 RD	.Sui	t.MD.	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to lor as a consequence of): Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):										
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	put not resulting	g in the u	nderlyin	g cause (given in F	PERFO	RMED?	24b.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	patiant 3 🗆 DOA		R:							
28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY						28d, DESCRIBE HOW INJURY OCCURED				
1 Netural 5 Pending 2 Accident Implicit pation 3 Suicide a Could not be 4 Homicide Stetermined 2 No 1 YES 2 NO 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
									i) and manner as stated.	
				29c. LICI	ENSE NUM	945	29d. DA	TE SIGNED	(Month Day, Year)	
	One that caused one cause on e DUE TO (OR AS A	20b. PLACE AND DA of cemetary, cremator Harmony Ona that caused the desth. Do one cause on each line. DUE TO (OR AS A CONSEQUENCE	20b. PLACE AND DATE OF DISION of cemetary, crematory or other. Harmony Memory 22. 3. 3. Ona that caused the desth. Do not entering the cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Uting to death but not resulting in the understand the control of the con	20b. PLACE AND DATE OF DISPOSITION of cemetary, crematory or other place) Harmony Memoriz 22. NAME AI 3 7 2 0 ona that caused the desth. Do not enter the mode cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Uting to death but not resulting in the underlying the death but not resulting in the underlying the line of the lin	20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Harmony Memorial C. 22. NAME AND ADDRES 3720 Old ona that caused the desth. Do not enter the mode of dylone cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 26. PLACE OF DISPOSITION (Name of the place) 27. NAME AND ADDRES 28. PLACE OF DISPOSITION (Name of the place) 28. PLACE OF DISPOSITION (Name of the place) 28. PLACE OF DISPOSITION (Name of the place) 28. PLACE OF DISPOSITION (Name of the place) 28. PLACE OF DISPOSITION (Name of the place) 28. PLACE OF DISPOSITION (Name of the place) 28. PLACE OF DISPOSITION (Name of the place) 28. PLACE OF DISPOSITION (Name of the place) 29. LICE OF DISPOSITION (Name of the place) 29. LICE OF DISPOSITION (Name of the place) 29. LICE OF DISPOSITION (Name of the place) 29. LICE OF DISPOSITION (Name of the place) 29. LICE OF DISPOSITION (Name of the place) 29. LICE OF DISPOSITION (Name of the place) 29. 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LICE OF DISPOSITION (Name of the	20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Harmony Memorial Cem 22. NAME AND ADDRESS OF FACE 3720 Old SII cons that caused the desth. Do not enter the mode of dying, such one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 25. PLACE OF DEATH (Chemital Chemical Consequence of INJURY (Morth, Day, Year) 26. INJURY Memory Memory Memory of Injury AT WORK? 1 YES 2 NO PLACE OF INJURY — At home, farm, street, factory, office best of my knowledge, death occurred at the time, data and place, and dual Deals of examination end/or investigation, in my opinion, death occurred at the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the time of the course of the course of the time of the course	20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Harmony Memorial Cem 11/25/92 22. NAME AND ADDRESS OF FACILITY Hodge 3720 Old SIlver Hil One that caused the desth. Do not enter the mode of dying, such as cardiac or reach the cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF DEATH (Check only one) TAL: Itent 2 = ER/Outpatiant 3 = DOA	20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Remainly Memorial Cem 11/25/92 Lan 22. NAME AND ADDRESS OF FACILITY Hodges a 3720 Old SIlver Hill RD 23. NAME AND ADDRESS OF FACILITY Hodges a 3720 Old SIlver Hill RD 25. NAME AND ADDRESS OF FACILITY Hodges a 3720 Old SIlver Hill RD 26. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 26. PLACE OF DEATH (Check only one) TAL: 10ent 2 DER/Outpatiant 3 DOA 1 NUTRING Home 5 Residence 8 Other (Specify) DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO PLACE OF INJURY — At home, farm, street, factory, office 28c. LICENSE NUMBER 29c. DA	DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF DEATH (Check only one) 1	

DEC 0 2 1992

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN		CENTIF	TOATE	OF DE	EAIN	REG. NO	١.	
1. DECEDENT'S NAME (First, Middle,							AY YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	JOHNSON 5. SEX					11 28	1992	6:50AM "
233-30-5463	1 M 2 D F	8. AGE (In yrs. lest birthday) 68 YRS.		DAYS HOU	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 1-25-1924	Cou	orthpLace (State or Foreign intry) St Virginia
9a. FACILITY NAME (If not institution,	give street end number)		9b. CITY, 1	TOWN OR LO	CATION OF DE	ATN	9c. COUNTY OF	
PRINCE GEORGE RESIDENCE OF DECEDEN 100. STATE 100. CC				CHEVE	RLY		PG	
	rince Georg		Suit1					10d. INSIDE CITY LIMITS? 1 YES 2 NO
3402 Pearl Dri	VA			10f. ZIP	20746			F WHAT COUNTRY?
11. MARITAL STATUS		T 5150 W. 110 A 5150			20110		USA	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	IT EVER IN U.S. ARMED YES 2 NO WAR OR DATES	11	yes, specify	ENT OF NISPAN Cuban, Mexica NO Specifi	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Ble	ock, White, etc. White
15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S	S USUAL OCC work done du	CUPATION ring most of t	working	18b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 d	Subway				Federa1	Govern	ment
17. FATHER'S NAME (First, Middle, Les	*			18.	MOTHER'S NA	ME (First, Middle, Maiden		
	available		1100		100	Not avail		
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		
James D. Joh		1433	South	hern A	Ave. A	pt. P2 Ox	on Hill,	Md. 20745
20g, METHOD OF DISPOSITION 1 💢 Burlai 2 🗆 Cremation 3 🗆	Removal from State	20b. PLACE AND DATE cemetery, crematory or	ather place!				CATION — City or	9
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Maryland	Vetera	an's (Cem. 1:	2+3-92 Ch	eltenham	. Maryland
► ///// SERVICE OF CONSTRUCT SERVICE	·Uln	_	Ge (orge 1	P. Kala	as Funeral 1 Rd. Oxon	Home	
resulting in death)	DUE TO	tente o	min mela	nong	ny	Octemo		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENCE	F):	Pen	21.1	Odemo duec levori	24.0	
CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO	0	OF):	211		P. son		
	d	Corenous	/					
PART II. Other significant cond					se given in	Part I. 24s. WAS AN PERFOR		16. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ell Care	alan B	we teyl	e lie	CON	C. 21	1 TYES 2	MNO	OF DEATH?
(B) PVD	5/1 Bric	el Euro	am	bula	leen	u.s.		1 TYES 2 XOO
25. WAS CASE REFERRED TO MEDIC, EXAMINER?		0	OTHER:	26. PLACE	OF DEATH (Che	ck only one)		
1 YES 2 YHO 27. MANNER OF DEATN	7	ER/Outpatient 3 DOA	4 🗆 Nursin			6 Other (Specify)		
1 Netural 6 Pending	26a. DATE OF (Month, Di		JURY M	8c. INJURY A WORK? 1 YES		28d. DESCRIBE NOW I	NJURY OCCURED	
3 Suicide 6 Could no 4 Homicide detarmine	building.	F INJURY — Al home, ferm, etc. (Specify)	street, fector	y, office		281. LOCATION (Street of City or Town, State)		I Route Number,
		my knowledge, death occur remination and/or investigation						r(s) and manner as stated.
296. SIGNATURE AND TITLE CEN	Julas	uno			D24	720	D 4/	D (Month, Dey, Year)
DR R. R	WHO COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type	2 Z	rud	over	Rd C	heven	ly mod 2508
DEC 0 2 1	992 32. REGISTRAI	R'S PHIGHATURE Pand	all					

1	-	STATE REGISTR	A
1.	DI	ECEDENT'S	N

	1 - STATE REGISTRAR	SIMIE UF M	CERTIF	ICATE	OF DEAT	AND N	MENTAL HYGIEN REG. NO.	Ŀ		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH DA	W 7.000	WEAR	3. TIME OF DEATH
	4, SOCIAL SECURITY NUMBER	VIRGINIA I 5. SEX	JOHNS 6. AGE (In yrs. lest birthday)	ON IF UNDER 1	YEAR IF UNDER	24 1000	November 26,	1992		11:20 A M
ģ.	228-52-8594	1 🗆 M 2 🖔 F	85 yrs.		DAYS HOURS	MIN.	October 17,	1907	Virgi	nia
4	9a. FACILITY NAME (If not institution, give				OWN OR LOCATI	ON OF DE	ATH	9c. COU	INTY OF DE	
OR O	13917 Crest Hill Lane	<u>}</u>		Silver	Spring			Mont	tgamery	/
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	гү	10c. Cf	TY, TOWN OR	LOCATION				N	10d. INSIDE CITY
듬	Virginia Arling	<i>s</i> ton	None							LIMITS? 1 YES 2 NO
₹ I	10e. STREET AND NUMBER				10f. ZIP COD	E				HAT COUNTRY?
FUNERAL	2110 South Shirlingto	7			22204			U.S.		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WA	EYER IN U.S. ARMED YES 2 NO AR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 No Specify: 11. VES 2 No Specify:					White, etc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	work done dur	UPATION ing most of working	na	16b. KIND OF BUS	INESS/IN	DUSTRY	
اڐ	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		me retired.)			Federal Go	N ORON	mont	
8	17. FATHER'S NAME (First, Middle, Lest)		Toteating	i ei soili			ME (First, Middle, Meiden		EIIC	
BE C	Frank Burrell					ecca E		oornamey		
2	19a. INFORMANT'S NAME (Type/Print)	(Com)	196. MAJLIN	ADDRESS (S	Street and Number	or Rural A	oute Number, City or Town	n, State, Zij	p Code)	
	Lawrence B. Johnson (SON	20b. PLACE AND DATE			21106	er Spring, M			- 20
	1 Donation 5 Other (Specify)	noval from State	Ar lington Na				197-30 Arlir	naton.	. Virai	inia
1	21. SIGNATURE OF FUNERIAL SERVICE L	CENSEE			ME AND ADDRE		HLITY			
	- Unquites !	Lyleutin)		Shir	lington	Road.	Peyton Fu South Arling			
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that	caused the death. Do	not enter th	e mode of dy	ing, such	ss cerdiac or respi	ratory ar	rest,	Approximats
	IMMEDIATE CAUSE Final disease or condition					0 =				interval Between Onset and Death
	resulting in death)	a. CARDI	DR AS A CONSEQUENCE C	/r/<	COLLA	PSE				
z		. END	STAGE C	ARDI	DKM D	PAT	11/2 -			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING	A A T =	DR AS A CONSEDUENCE C	NF):						
FIC	CAUSE (Disease or injury that initiated events	C. TICIC	PLO SCLERO OR AS A CONSEDUENCE C	0-117 -						+
ERI	resulting in death) LAST	d								
	PART ii. Other significant condition	na contributing to (leath but not resulting	in the unde	eriying cause o	given in (Part I, 24e. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
S	CEREBRIVAS	TCVLAR	INFUFFG	ENCY			PERFOR	MED?	1 6	MAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	RECURRENT &	RAW is	Y FAR CTS.	_					1	OF DEATH?
ä										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	55. 80	OTHER:	26. PLACE OF D					
H	27. MANNER OF DEATH	28a, DATE OF I		NE OF 28	Bc. INJURY AT	sidence (28d. DESCRIBE HOW IN	JURY OC	CURED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day	y, Year) IN	JURY	WORK?	NO		(A) I I I		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home, ferm, tc. (Specify)	street, factory	, office		261. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	ute Number,
Ë,	M. OFFICIES							_		
COMPLETED	(Check only		ny knowledge, death occur amination end/or investigati							
	286. SIGNATURE AND TITLE OF CERTIFIE	100	annation situation situations	on, in my opir		ENSE NUM				
BE	Joseph M.	tolile	as MI)		1010		▶ //	1/26	Month, Day, Year)
우	TOJEPH M. SO	LON AS	e of death (ITEM 27) (Type MD - 9801 c	, Print) GEORG	iA AVE	=, = 9	SILVER SPI	SINC.	- Md	20901
	31. DATE FILED (Month, Cay, Year) NOV 3 0 1992	32 REGISTRAR			F		-	,		
	11010 1332	Juna was	10000-Navara							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present side death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by 1	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	FANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at
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IMPORTANT:

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

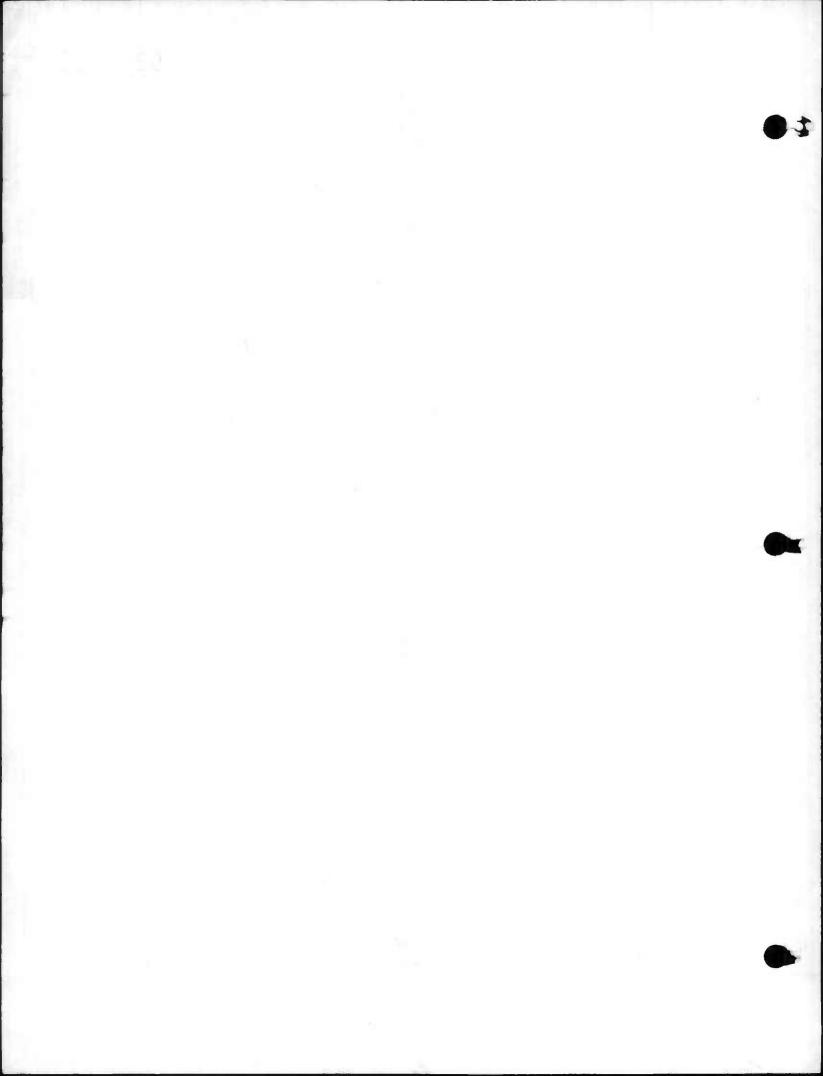
32. REGISTRAR'S SIGNATURE Pandall

31. DATE FILED (Month, Day, Year)
NOV 3 U 1992

92 35966 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)

Florence Eason Giles Johnson 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4 SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIFTH (Markh, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. RTHPLACE (State or Foreign 578-40-4817 1 M 2 SEF Washington, D.C. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Montogomery County Takooma Park, Maryland 209 76 00 Carroll Avenue, Washington Adventist Hospital DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION
Hyattsville, Maryland 10d, INSIDE CITY Maryland Montogomery 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5609 18th Avenue, 20782 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced African America COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest College (1-4 or 5+) Flementary/Secondary (0-12) House Wife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Columbus Eason BE Maggie Felton 19a. INFORMANT'S NAME (Type/Print) 196 MAILUNG ADDRESS Street and Mumber or Purel Poyes Mumber City of Them. State. Zip Code) 2 Dana Head Maryland, 20782 20a METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State DATE 8,1992.Landover,Md. Nov. 2 <u> Harmony Memorial</u> Cemetery 22. NAME AND ADDRESS OF FACILITY
W.H. Bacon Funeral Home Inc.
3447-14th Street, N.W., Washington, D.C. 20010 21. SIGNATURE OF FUNERAL SERVICE LICEN 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. intervai Betw IMMEDIATE CAUSE (Final Onnet and Douth disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other algnificant conditions contributing to death but not resulting 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26, PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Nomicide 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2



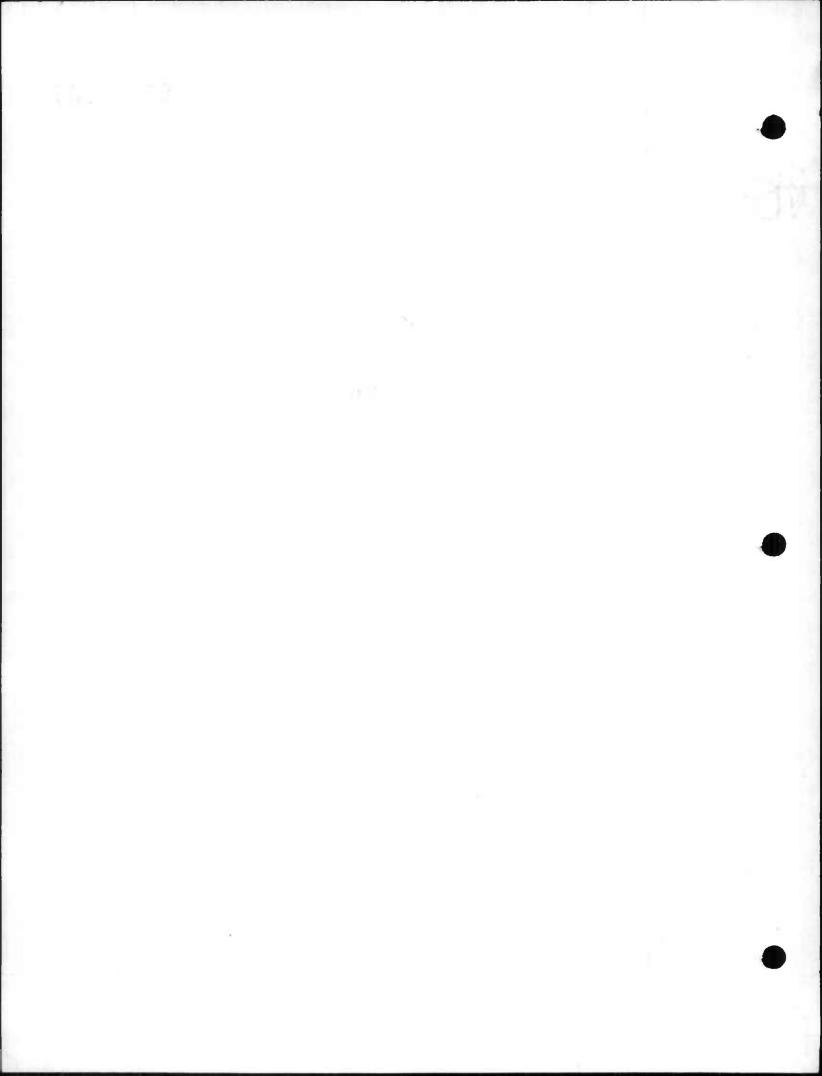
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of examiner must be notified at once.	IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-tr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr
ter death. Page 6 may be retained by the hospital or attending physicia	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND	MENTAL HYGIENE 9 2	35967				
	1. DECEDENT'S NAME (First, Middle, Lest) ANTHONY E, T	ackson	2. DATE OF DEATH MONTH DAY	year 0835 Am				
DIRECTOR	4. SOCIAL SECURITY NUMBER 214–42–4861 5. SEX 1 [X M 2 \square F 6. AGE (In yrs. last birthday) 48 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		of BIRTH 1944 Same or Foreign Maryland				
	SOUTHERN MD HOSPITAL CLINTON RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE							
	Maryland Prince George's 10c. CITY	10d, INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	7101 Earl Drive	101. ZIP CODE		U.S.A.				
B	11. MARITAL STATUS 1 Nover Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	NIC ORIGIN? (Specify Yes or No— in, Puerto Rican, etc.) y:	14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th grade 16a. DECEDENT'S (Give kind of w life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Do NOT use life. Decedent'S in the life. Decedent in the life.	usual occupation work done during most of working e retired.)	CUPATION 16b. KIND OF BUSINESS/INDUSTRY					
BE CON	17. FATHER'S NAME (First, Middle, Leat) Thomas Jackson 18. MOTHER'S NAME (First, Middle, Melden Surneme) Mary Ennis							
2	190. INFORMANT'S NAME (Type/Print) Mrs. Frances C. Hawkins 190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 7101 Earl Drive Forestville, Md. 20747							
	20a. METHOD OF DISPOSITION 1 Removel from State 20b. PLACE AND DATE OF DISPOSITION Name of DATE 20c. LOCATION — City or Town, State 12/4/92 Landover, Maryland							
	21. SIGNATURE OF PUMERAL SERVICE LICENSISE	ROLLINS Fune 4339 Hunt Pl	eral Home, Inc. ace, N.E. Wash	. D.C. 20019				
	23. PART I. Enter the diseases, or complications that caused the death. Do ne shock, or heart failure. Light only one cause on each line. IMMEDIATE CAUSE (Finel	ot enter the mode of dying, suc	h aa cardiac or respiratory ar	Approximate Interval Between Onset and Death				
	disease or condition resulting in death) a. Leshvatory Janhre Due to (or as a consequence of):							
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (DR AF A CONSEQUENCE OF):							
MEDICAL CERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. TShird In Freumonic DUE TO (DR AS A CONSEQUENCE OF):							
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
	PERFORMED? 1 YES 2X NO 1 YES 2X NO 1 YES 2 YES 2 YES NO 1 YES 2 YES NO 1 YES 2 YES NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Ch	eck anly one)					
2	A D MES S DE MO	OTHER: 4 Nursing Home 5 Residence						
BY P	1 Sk Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation (Month, Day, Year)							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, at building, etc. (Specify)	reet, factory, office	28f. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,				

1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the bests of axam MIRZN 43115 92 32. ABGISTRAR'S SIGNATURE
JUNE DAVIDSON-Randell DHMH-16 Rev 1/89

TO BE COMPLET 31. DATE FILED (Morith, Day, No. DEC 0 3 **19**92



1	-	STATE REGISTRAR
_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN

		1 - STATE REGISTRAR	OI WIN			OF DEATH	REG, NO	-	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		ALGEAN	BRICE	JORDAN			DECEMBER	1,19	92 / 5:05 A. M
_		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthde) IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	1.0	BIRTHPLACE (State or Foreign
		216-44-3189	1 🗆 M 2 💢 F=	79 YRS	MONTHS D	YS HOURS MIN.	MAY II,	913	NORTH CAROLINA
3 should		Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D			Y OF DEATH
	E .	122 LYNNMORE	DRIVE		STL	ER SPRING			ONTGOMERY
1, 2,	15	RESIDENCE OF DECEDENT							
ages	1 1 1 1	10a. STATE 10b. COUNT			ITY, TOWN OR L				10d. INSIDE CITY LIMITS?
mit.		MARYLAND MOI	NTGOMERY		ILVER				1 TES 2 NO
28	RA		DDTUE			101. ZIP CODE	0.1	500	N OF WHAT COUNTRY?
020 physician. burial-transit permit. Pages	FUNERAL 11.	122 LYNNMORE	DRIVE			209		US	
215-0020 attending physician. se as the burlat-tran		1 Never Married 2 Married	FORCES? 1 TYE	S 2 XNO	If ye	s, specify Cuben, Mexic		s or No—	I. RACE — American Indian, Black, White, etc.
5-0020 Inding physic as the burial	BY	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 NO Speci	fy:	-	Specify: WHITE
r attend use as	03	15. DECEDENT'S EDU	ICATION	16a. DECEDENT	'S USUAL OCCU	PATION	16b. KIND OF BU	ISINESS/INDUS	
- 6 -	ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	If work done durir use retired.)	g most of working	50 000 1000		
0 2 8	4PL	12	DATAST 12	FEDERA	L TRAD	E COMMISSI	ON U.S.	GOVER	NMENT
4 8	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meider	Sumame)	
C sts	BE	HENRY FRAN	KLIN BRI	CE		SALLY	ELIZA	BRID	GES
S S S S S S S S S S S S S S S S S S S	0	19a, INFORMANT'S NAME (Type/Print)		19b, MAILI	G ADDRESS (St	reet and Number or Rural	Route Number, City or Tov	vn, State, Zip Co	ode)
		ALGEAN R. HEI	MANN	12004	SOUTH	VEST 110th	CIRCLE, N	ORTH M	IAMI, FL 33186
		20e. METHOD OF DISPOSITION 1 During 2 Cremation 3 Rem		emetery, crematory of		N (Name of	OATE 20c. LC	OCATION — CH	y or Town, State
Page 6 al direct		21. SIGNATURE OF FUNERAL SERVICE L		MT. COME	ORT CE			XANDRI	A, VA
ALTIN death. Page tuneral dir i.		TE SIGNATURE OF PURCHAL SCHOOL LI	7 / 1 //			JCTS T CO	LLINS FUNE	חוד דות	ME INC
		MCMU	1.000		500	UNIVERSIT	Y BLVD., W	., SIL	. SP., MD 2090
4 × E		23. PART I. Enter the diseases, or abook, or heart failure	complications that caus List only one cause on	ed the death. Do	not enter the	mode of dying, suc	ch as cardiac or reap	iratory arrea	
		IMMEDIATE CAUSE (Final	100	ducii iiiie.					Onset and Death
hin tely matti		disease or condition resulting in death)	1 nette	sente	e as	delloca	unnu	u of	
68760, acuted within and completely burial, cremati			DUE TO (OR AS	S A CONSEQUENCE	OF):			/	
Becu atte	No	Sequentially list conditions,	b	A CONSEQUENCE	- du	my/			
BOX ate be expsician a prior to	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE IO (ON AS	S A CONSEQUENCE	OF):	1			
certificate be of the physician Hyglene prior to other traur	윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
eath certi	E	resulting in death) LAST			,				1
	8		u						
	DICAL	PART II. Other algnificant condition	na contributing to death	but not resultin	in the under	lying cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMJLABLE PRIOR TO
OR Sthat as that and by atth and by							1 _ YES :	2 NO	OF DEATH?
RECC requires been signification of Health	ME						_		1 TES 2 NO
Z3 b									
VITAL IAN: The law rificate has re State Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (CI	neck only one)		
E VIT. SICIAN: Th certificate the State I, or Iten	HYS	1 YES 2 NO	1 Inpetient 2 ER/O		4 - Nursing	Home 5 - Rasidence			
O # ## \$	0	1 Netural 5 Pending	26a. DATE OF INJUR' (Month, Day, Year		NJURY	WORK?	28d. DESCRIBE HOW	INJURY OCCUI	RED
ONG POING P	B	2 Accident Investigation	M 1 YES 2 NQ 28e. PLACE OF INJURY — Al home, larm, street, factory, office 26f.						
	□	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	pecify)	, street, factory,	Office	26t. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
DIVISION OR ATTEN DIRECTOR: Hours after Item 28 I	4	29a. CERTIFIER							
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COMPL	(Check only	ICIAN: To the best of my kno						
HOSPITAL FUNERAL WITHIN 72 H	8			flon and/or investiga	tion, in my opini	on, death occured at the	time, data and place, as	nd due to the o	cause(s) and menner se stated.
TO THE HOSPITAL. TO THE FUNERAL De filed within 72 I	H	296. SIGNATURE AND TITLE OF CERTIFIE	R	1		29c. LICENSE NU	MBER	29d. DATE S	HGNED (Month, Day, Year)
223	2	30. NAME AND ADDRESS OF PERSON WE	MILL S	HAA	41	NULL	100	11/	-1-72
			ROVE R	DEALH (IIEM 27) (Ty	oe, Pfint)	2016 -	. /	01	, MD 20909
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	CHATIPE	ITE,	107, 51	Win 50	MUNC	100 20 509
	ı		VE. INCOMPTIANTS SIG	WINNI ONE		*			



		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIEN	
	100	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATN
		Clarence Freder					12 11	1 1992 3:12 p ^M
무	- 2	4. SOCIAL SECURITY NUMBER 181-10-8062	1 🔀 M 2 🗆 F	76 vrs.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 04-12-91	8. BIRTHPLACE (State or Foreign Country)
2, 3 should	OB	Sacred Heart Hos				wn on Location of umberland		9c. COUNTY OF OEATH Allegany
- S	ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,	10c CI	TY, TOWN OR LO	CATION		
mit. Page	L DIRECTOR	MD All	egany			arton		10d. INSIDE CITY LIMITS? 1 YES 2 NO
St.	RA	Rt 1 box 78				10f. ZIP CODE 2152	1	10g. CITIZEN OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit permit. Pages 1, 2,	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1/2 YES IF YES, GIVE WAR OR DAT		If yes	DECENDENT OF NISP	ANIC ORIGIN? (Specify Yes	
attend use as	요	15. DECEDENT'S EDU (Specify only highest grade	CATION (IGA. DECEDENT'S	USUAL OCCUP	ATION	166. KIND OF BUS	SINESS/INDUSTRY
21	COMPLET	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)	Securi	work done during se retired.) We ty Gua:	g most of working Stvaco rd	Paner	- Manuf
(C)	ш	17. FATHER'S NAME (First, Middle, Lest) Harrison B.	Kyle			16. MOTHER'S	NAME (First, Middle, Maiden ha Bradley	
W H	TO B	19a. INFORMANT'S NAME (Type/Print)					al Route Number, City or Tow	
ay be m		Elizabeth Kyle					rton, Md. 2	
AOR pe 6 ma rector, p		1 Donation 5 Other (Specify)	oval from State comet	LACE AND DATE ery, crematory or o	of disposition	urel Hill	Cem. 12-14	CATION - City or Town, State 4-92 Barton, Md.
BALTIMORE, after death. Page 6 may be noval. moval.		21. SIGNATURE DE FENERAL BERVICH LIK	arn tile		22. NAM	BOAL-Warn	ick Funeral h St. Weste	Service
S, P.O. BOX 68760, death certificate be executed within 24 hours after to a steroding physician and completely filled in by the ental hygiene prior to burial, cremation, or removal, ury, or other traumatic event, the medical e	CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to (on As A c	ONSEQUENCE O	Ar yoca	rest	îngane les	Approximate Interval Between Onset and Death M. Golden Company M. Company M
RECORDS v requires that the d been signed by the rt. of Health and Mei. shows any Injur	MEDICAL	PART II. Other significant condition	s contributing to death but	not resulting	In the underl	ying cause given I	n Part i. 24e. WAS AN PERFOR	AMAILABLE PRIOR TO
上 f a a a a	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: V		OTHER:	. PLACE OF DEATH (Check only one)	
F VIT. SICIAN: The certificate of the State	1YS	1 YES 2 NO 27. MANNER OF DEATR	1 Inputient 2 ER/Output	lent 3 DOA	4 - Nursing i		6 Other (Specify)	
O 동 분 분 호	BY PI	1 Natural 5 Pending Investigation	(Month, Day, Year)		JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW I	NJURY OCCURED
ISIC TTENDI TOR: A after de 28 ls	ETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, farm,	street, factory, o	office	2sf. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,
I NA IA	MPL		CIAN: To the best of my knowled					nner as stated.
물 물을 중	BE CO	290. SIGNATURE AND TITLE OF CERTIFICS	m			29c, LICENSE N		29d. DATE SIGNED (Month, Day, Year)
P P # ¥	2	30 HAME AND ADDRESS OF BERSON WH SHIN KIM M.I	90 MAZ N	ST W	Print)	ORT, MD.	21562	10711149
6		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT			orena tina		
		40 0		loon Rand	402			

ф must be notified at once.

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	ON	A	80
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	A	ECI	n 2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificant by secured within 24 four main death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been slowed by the attending physician and completely filled in by the turneral director, pa the filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior bound, comparation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must b
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	1 - STATE REGISTRAR	STATE OF	MARYLAND / CE	DEPAR	RTMENT	OF H	DEA	AND I	MENT	AL HYGIEN	E	2	33970
	1. DECEOENT'S NAME (First, Middle, Last)							-	MON	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	Grace Margare	t Koch	1 4 40F (h h	4 6 7 4 4 1						vember	28,1		5:30 P M
		1 M 2 M F	6. AGE (In yrs. less	YRS.	IF UNDER 1	DAYS	HOURS	MIN.	(Mo	E OF BIRTN	1015	Count	HPLACE (State or Foreign
	578-36-1357 De. FACILITY NAME (If not institution, give a	7975		.,,,,,	9b. CITY, 1	mwn c	P LOCATI	ON OF DE	_	. 15,	1915	Was	shington, DO
H	Carrol Manor Nurs		2		Hyat				EAIN				George's
5	RESIDENCE OF DECEDENT										F. 2. 1.1	106 (eorge s
IRE	10e. STATE 10b. COUNT				Y, TOWN OR								10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland Princ	ce George	e's	Hya	attsvi	_							1 X YES 2 NO
RA						10f	. ZIP COD	7/					WHAT COUNTRY?
INE	4922 LaSalle Road		NT EVER IN U.S. ARI	MED	42 142	10.050	2078			IN? (Specify Yes		.A.	
	1 Never Married 2 Married	FORCES?	YES 2 N	10	H :	yes, sp	ecify Cubi	en, Mexica	n, Puerte	Rican, etc.)	or No-	Blac	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	1 125, 0172	MAN ON BAILS		1 ''	1E3	2 KNO	Specify	у:			Spec	White
OE .	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE0 (G/s	CEDENT'S	USUAL OCC work done du	UPATIO	ON st of world	na	10	b. KIND OF BU	SINESS/INC	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)								
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		CI	erk						akery-l		ates	ssan
	Samuel J. Brinkle									Middle, Meiden			
BE	19a. INFORMANT'S NAME (Type/Print)	žV	196	MAILING	ADDRESS (Street a				Collination Colly or Tow		Codel	
5	John Koch									ille,			20784
	20a. METHOO OF DISPOSITION 1XXXBurial 2 ☐ Cremation 3 ☐ Rem	own from State	20b. PLACE A	ND DATE	OF DISPOSIT			117 (4)			CATION -		
	4 Donation 5 Other (Specify)		cemetery, crer	Oliv	ther plece) 7et Ce	emet	erv	12/	15/9	2 Was	shine	rton.	D.C.
4	21. SIGNATURE OF PUBERAL SERVICE LIC	ENSES	1		22. N/	AME AN	D ADDRE	SS OF FA	CILITY				
	· Mehano	A4	WIL	_						m Funer			and 20706
	23. PART I Enter the diseases, or o shock, or heart failure.	complications the	t caused the dec	eth. Do i	not enter ti	he mo	de of dy	ing, suci	h ss ce	rdiac or respi	ratory arr	est,	Approximata
- 1	IMMEDIATE CAUSE (Final	O Can	use on each ma.										Interval Between Onset and Daath
IJ	disease or condition	>e	DS:15	5.									
_ [DUE TO	OR AS A CONSEQ	UENCE O	F):								
CERTIFICATION	Sequentially list conditions,	bOUE TO	(OR AS A CONSEO	UENCE O	Fi:								
CAT	if any, leading to immediate cause. Enter UNDERLYING												
Ē	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSEO	UENCE O	F):								
E	resulting in death) LAST	d											
AL C	PART II. Other significant condition	s contributing to	deeth but not re	gnitiue	in the unde	erivino	Cause	given in	Part i.	24a, WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
S	Severe A Advan	/Zhei	mer's	De	men	XX	C.			PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Advan	ced :	Stage							1 TYES 2	XXNO		OF DEATH?
N.													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGBITAL				26. PL	ACE OF D	EATH (Ch	eck only o	nne)			
YSI	1 TYES 2 TYNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Nome	5 🗆 Re	sidence	8 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH 15 Natural 5 Pending	28a. DATE OF (Month, D	Pay, Year)	28b. TIM INJ	URY	Bc. INJU	RK?		26d. DE	SCRIBE NOW I	NJURY OCC	CURED	
B	2 Accident Investigation	280 DI ACE C	OF INJURY — At hon				ES 2 [NO					
	3 Suicide 8 Could not be determined	building,	etc. (Specify)	ne, term, i	Hreet, factor	у, отне)		Ch	CATION (Street a or Town, State)	ind Number	or Flural F	Route Number,
COMPLETED	29a. CERTIFIER AVVCERTIEVING PHYSI	CIAN: To the heart of	I am a language de la constantina	th ac-	4 4 4 4	4 .							
MP	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE) and manner so stated
	29b. SIGNATURE AND WILE OF CENTRE		20		, opin	1				prece, en			
96	11.4	L	1				ZVC. LICI	Z / C	ABER PO	,			(Month, Day, Year) 30, 1992
2	29 NAME AND AODRESS OF PERSON WHI	O COMPLETED AND	SE OF DEATH ATEM	1 27) /Tma	(Palent)		2	310	-0	/	140		1004

E OF DEATN (ITEM 27) (Type, Print)

- M.D. 7500 Greenway

3"0"1992

7500 Greenway Center Drive, Greenbelt, Maryland

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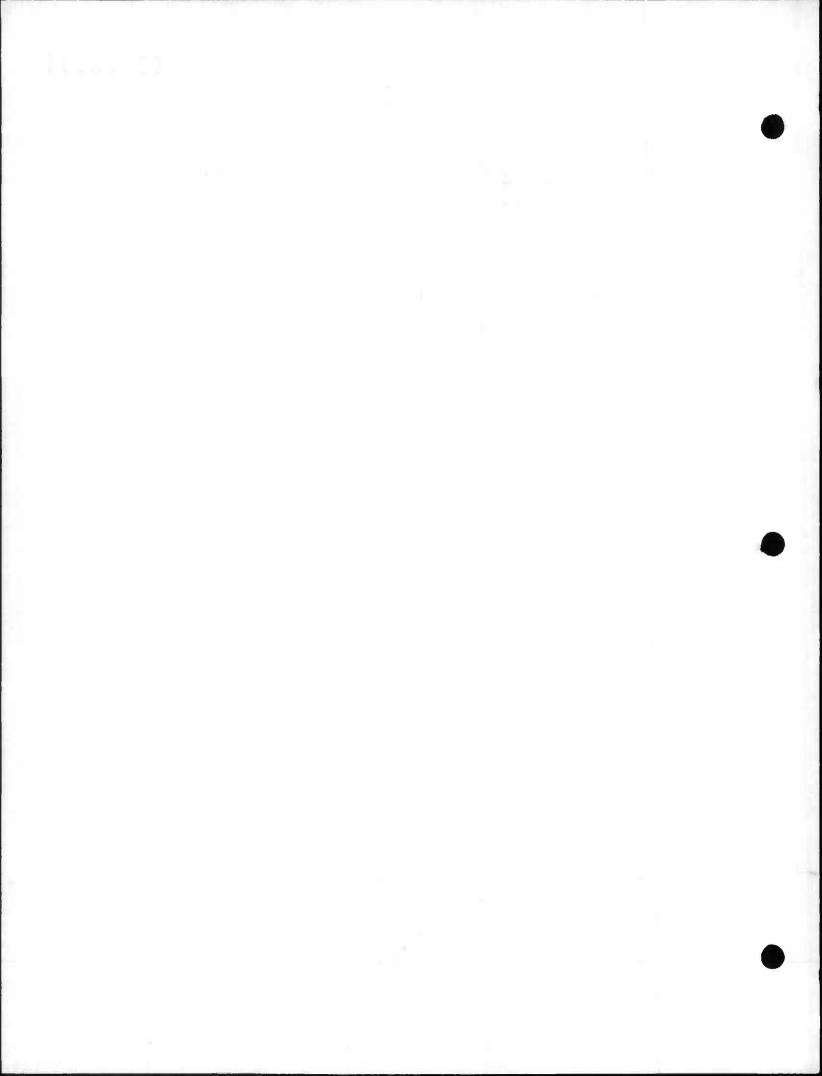
20770

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Clara R. A M Kanode 12:50 December 992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 F 240-12-3691 Sept. 28,1919 North Carolina use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR 10022 Stedwick Road, #102 Gaithersburg Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 YES 2XXNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? United States 10022 Stedwick Road, #102 20878 the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2X NO Specify: В Specify. 3 X Widowed 4 Divorced White COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY U.S. Government/ þ Elementary/Secondary (0-12) College (1-4 or 5+) detached Dept. of Education Administrative Assistant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Floyd Rotha Reardon Ada Barbour 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10200 Katie Bird Lane, Vienna, Virginia 22181 Gerald T. Kanode 20s. METHOD OF DISPOSITION
1 ☐ Burtal ② Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 24 hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 2/4/92 DATE 20c. LOCATION — City or Town, State director, must Crematorium, Inc. Montgomery Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc., 7557 examiner Home/Bethesda-Chevy Chase, Inc., Rechelo led in by the fi M00348 Wisconsin Avenue, Bethesda, MD 20814-3501 event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by **Approximate** shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition cremation, completely Metastatic Stomach Cancer Months executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): attending physician and con ntal Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Health and I shows any Lymphoma 1 YES 200 NO 1 YES 2 NO has been : Dept. of P PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Cleared by 1 ½ YES 2 no Mayle 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🎇 Residence 6 🗆 Other (Specify) 0 the 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? this c 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural
2 Accident 1 YES 2 NO BY After 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 89 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined DIRECTOR: J hours after t COMPLETED 4 Homicide IMPORTANT: It Item 29s. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND LITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 五五百 renna D15046 2 2 3 December 3, 1992 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Stephen J. Newman, M.D. 11500 Old Georgetown Road, Rockville, Maryland 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year,

Julia Davidson Bondoll

DEC 04 '97



the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hospital or attending physician. notified at nours after death. Page 6 may be must be examiner or removal. event, the medical After this certificate has been signed by the attending physician and completely filled in by death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or remo HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremat traumatic injury, or other shows any 23 Hem . 0 is marked, 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 2

ARYLAND 21215-0020

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Magnus Kjaer PM 55 11 1992 4. SOCIAL SECURITY NUMBER 091-01-8954 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS 1 🖾 M 2 🗌 F 93 yrs 9/2/1899 Denmark 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Fernwood Nursing Home Bethesdale Montgomery 10a. STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? D.C Washington 1 TYES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5123 Tilden St. N.W. 20016 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Accountant 12 Federal Government 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hans Kjaer BE unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bernice Burns 5123 Tilden St. N.W. Washington. D.C. 20016 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Stats cemetary, crematory or other place)
Fairview Cemetery 4 Donation 5 Other (Specify) Westfield N.I 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons Inc. 62616663 4 Washington, D.C 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ardio monary DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO Gramia PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occured at the time, data and place, 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) m 2 2 NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6530 Democracy md. 31. DATE FILEO (Month, Day, Year) 22. REGISTRAR'S SIGNATURE 3 199

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED

29a, CERTIFIER (Check only one)

al or attending physician. For use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st unit in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

BALTIMORE, MANYLAND 21215-0020

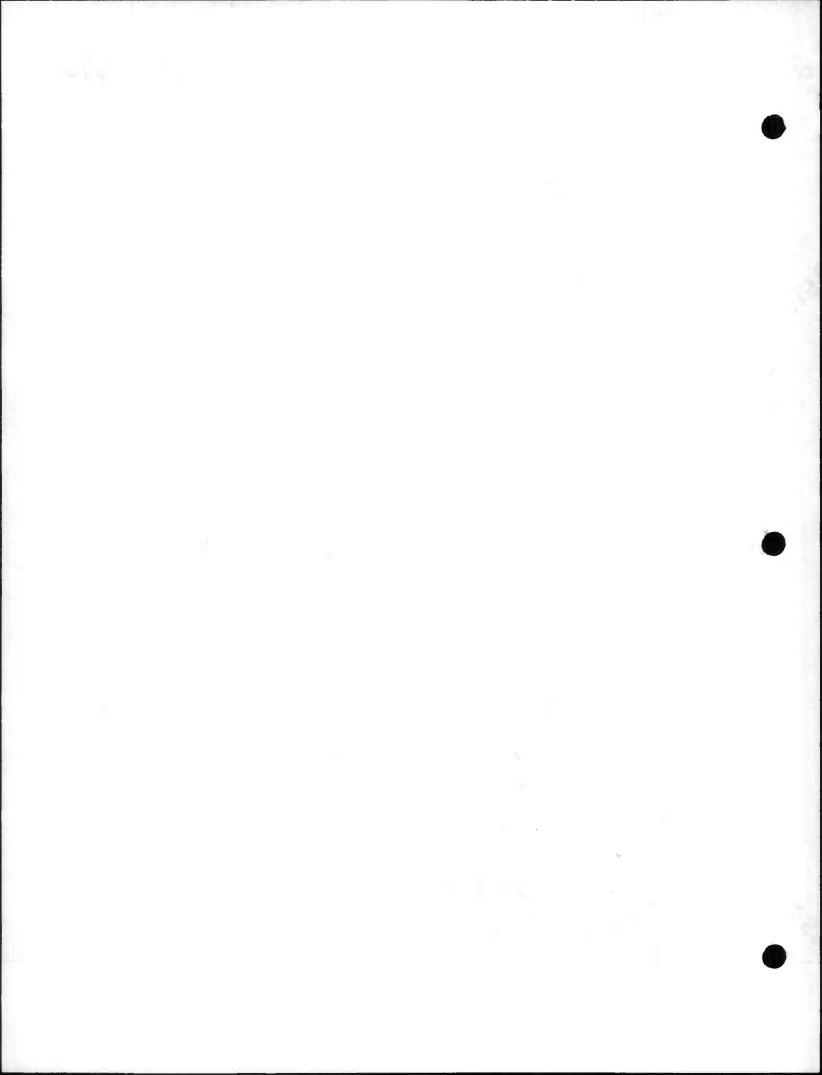
757	7-031										M.L.	JR.
										92	359	373
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMEN	T OF H	EALTH AND DEATH	MENTA				
3	1. DECEDENT'S NAME (First, Middle, Last)						DEATH	2. DATI	REG. NO.		0.2. 3.	TIME OF DEATH
	NAVID			ZEMJ	MAT	IN		Nov	н 2ч vember		9rean 1992	6:30 P M
	4. SOCIAL SECURITY NUMBER 878-08-3224	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)	1070	Country)	NCE (State or Foreign
	9s. FACILITY NAME (If not institution, give st	reet and number)	17		9b. CIT	Y, TOWN C	R LOCATION OF D		1. 11,		Iran	
0 B	6208 ROCK HER	SŦ RD.(I	Rockhurs	t)	BET	HESI	ΟA			MON	TGOME	ERY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				10	d. INSIDE CITY
	Maryland Montgo	omery		Be	thes	da					1	LIMITS?
FUNERAL	10e. STREET AND NUMBER	***************************************				101	ZIP CODE			10g. CIT	IZEN OF WHA	T COUNTRY?
NE I	6208 Rockhurst R						0817			US		
	1 🔀 Never Married 2 🗌 Married	FORCES? 1	T EVER IN U.S. ARI	MED IO	13	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2 [X] NO Speci	en, Puerto	N? (Specify Yes Rican, etc.)	or No—	Black, W	American Indian, Trite, etc.
BY	3 Widowed 4 Divorced					I 🗌 TES	2 M WO Speci	ry:			Specify: Irani	Lan
Ē	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gr	Ve kind of a	USUAL (during mo	N st of working	16	b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)			uden			College	2		
ő	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE	Najatolah Kazemi 19a. INFORMANT'S NAME (Type/Print)						Pariche					
၉	Najatolah Kazemi		i i				nd Number or Rural Road-Be					017
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPO	SITION (Na		DAT			City or Town,	
	1 🔀 Burisi 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗆 Other (Specify)		Gate G	of H	ther place eave	n Ce	m Dec.4,	1992	Sil	ver	Spring	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					Funeral		ne			
_	• acurace	() Har	\sim		2	222	Wisconsi	n Av	enue,	NW,	WDC 20	007
	23. PART i. Enter the diseases, or c ahock, or heart fellure. I	omplications the	t caused the decise on each line.	ath. Do r	not ente	r the mo	de of dying, suc	ch as car	rdiac or respi	ratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	M	Hist	2	1	AXL	at in	200	2ds			Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSEC	NUENCE O	D. C	104	04/ 04	W	reas			
Z	Sequentially list conditions,											
IFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSEC	DUENCE O	F):							
	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE O	F):							
CERT	resulting in death) LAST	1										
- 11	PART II. Other significent conditions	contributing to	death but not re	esulting	in the u	nderlying	cause given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
									PERFOR		co	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
M					_						>	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 Pi	ACE OF DEATH (C)	and and a				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:	5 Residence					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF (Month, D.	INJURY	28b. TIM		28c. INJ			SCRIBE HOW II	NJURY OC	CURED	
<u>A</u>	1 Natural 5 Pending 2 Accident investigation	11/28	3/92	3-61	P M	1 🗆 1	ES AND	L .	BJECT			
	3 Sulcide 8 Could not be determined	286. PLACE O building,	FINJURY — At horetc. (Specify)		street, fac OME	ctory, office		28f. LOG	CATION (Street a r or Town, State)) 8 TROC	nd Number	or Rural Roya	ockhurst RD
	V	_ 1		11/	تلقت			020	, o reco	441		

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E. WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29/92 21201 Maryland

111 Penn Street, Baltimore, 08 92 Min Davidson



DHMH-16 Rev 1/89

Intending physician.

Lansit permit. Pages 1, 2, 3 should

BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ricurs after death. Page 6 may be resulted by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neithed at one.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

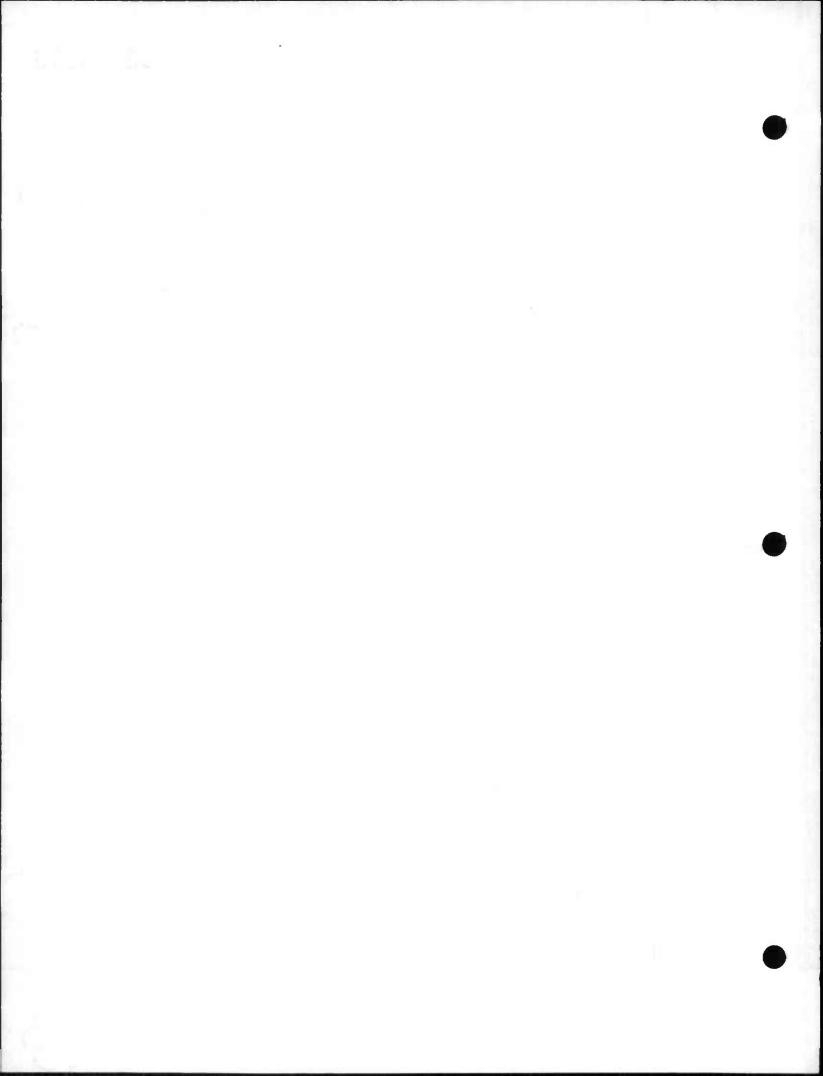
TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIFIC	JAIL OF DEA	AIH	REG. N	10.	
1. DECEDENT'S NAME (First, Middle, Last) William E. K	mmer/inc	T	mmerling		2. DATE OF DEATH MONTH	DAY X	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-58-0023		-	F UNDER 1 YEAR F UND ONTHE DAYS HOURS	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year, Sept. 8,		BIRTHPLACE (State or Foreign Country)
Sa. FACILITY NAME (If not institution, give a	treet and number)	1	96. CITY, TOWN OR LOCA	TION OF D		9c, COUNTY	OF DEATH
Wilson Health Car	re Center		aitherbu	44		Mon	tgomen,
10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION		7		10d. INSIDE CITY LIMITS?
Maryland Mont	gomery	Ge	ermantown	NDF.		I son CATAL	1 Tes 2 X NO
14711 Seneca Road	d		101. ZIP CX		20874		ed States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 (X) NO		iban, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATION	ddag	16b. KIND OF	BUSINESS/INDUS	ITRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Pattern	rk done during most of wo retired.) Maker	ixing	II S	Gun Fa	ctory
17. FATHER'S NAME (First, Middle, Last)		1 4 4 4 4 4 1		OTHER'S NA	ME (First, Middle, Mail		COOLY
John Kimmerling	1				a Lavinia		
19a. INFORMANT'S NAME (Type/Print)	1	19b, MAILING A	ADDRESS (Street and Num			Town, Statu, Zip Co	ode)
Ruth Helen Kimme	rlina		as 10				
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem		b. PLACE OF DISPOSIT	TION (Name of cometery, o	rematory or	20c.	LOCATION — CIT	ry or Town, State
1 Burial 2)(Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	Suburban	Crematory		S	lver Sr	oring. Maryland
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AND ADD		CILITY		ATTING. MAT Y TAILU
> Ellen	W. Rap	P			Services		na. MD 20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to (on as Due to (on a) Due to (on as Due to (on a)	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	s De meino idism	1	euha		Interval Between Onset and Death
PART II. Other significant condition	ns contributing to death	but not resulting in	the underlying cour	e alven in	Part I 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
					PER	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				F DEATH (C	heck only one)		
EXAMINER? 1 YES 2 \(\)\(\)\(\)\(\)\(\)	HOSPITAL: 1 Inputient 2 ER/Out	Ipatient 3 DOA	OTHER: 4 2 Nursing Home 5	Residence	6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME	OF 28c. INJURY AT		28d. DESCRIBE HO	W INJURY OCCU	RED
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	M 1 YES	2 NO			
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, st sc/fy)	reet, factory, office	7	251. LOCATION (Sti City or Town, S		r Rural Route Number,
(Critical Only /	SICIAN: To the best of my known						1. cause(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE		ne		S		29d. DATE	SIGNED (Month, Pay, Year)
30. NAME AND ADDRESS OF PERSON W			,, -	31	3111		20879
Suhair H. Abulf			ontgomery	Villa	ge Avenue	, Gaith	nersburg, MD
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		11.0				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, I. DR ATTENDING PHYSICIAN: The law requires that the death certificate be secured within 24 hor

of may be retained by the hospital or attending physician.	concerns should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	the radius of second
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Programmy are instanced by the law requires that the death certificate be executed within 24 hours after death. Programmy the instance by the law requires that the death certificate be executed within 24 hours after death. Programmy the instance by the law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral electric areas and the death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	or item 23 chows any injury or oth

	FOR 1 - STATE	STATE OF MARYLA					TAL HYGIEN	E	2 00010
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ICATE O		2. D/	REG. NO.		3. TIME OF DEATH
	CYR		OVAI	LCHIL	Υ		NTH DA		72 18 A M
	4. SOCIAL SECURITY NUMBER 199-14-7001	5. SEX 6. AGE (II	yrs. lest birthday)	MONTHS DAYS	-	/8.4	TE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s		6 / Ins.	9b. CITY. TOW	N OR LOCATION		v. 19, 19		Penńsylvania
R	14 EMPIRE Pla				ENBE				ICE CEORGE'S
)	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	100.00	Y, TOWN OR LOC				7 377	
DIRECTOR		ICE GEORGE	0.00	GREET		-			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER		-		101. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	14 EMPIRE	The second secon			20770				ted States
J.	11. MARITAL STATUS 1 Never Married XX Merried	12. WAS DECEDENT EVER IN FORCES? 1XXYES	2 NO	If yes,	specify Cuban, I	Mexican, Puer	GIN7 (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
8	3 Widowed 4 Divorced	1944 — 19	46	1	ES 2 NO	Specify:			Specify: List it &
TE	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done during	TION most of working	1	16b. KIND OF BUS	SINESS/INDO	USTRY
PLE	1.2 years 6	College (1-4 or 5+) Years	Element		ncipal		School	Syste	em e
COMPLET	17. FATHER'S NAME (First, Middle, Last)	years	Dicircul	ALY III			st, Middle, Maiden	-	
BE C	Andrew S. Kovalch	ik			Hele	n War	nko		
2	19a. INFORMANT'S NAME (Type/Print) Alice A. Kovalchi	k		as #10	et end Number or	Rural Route N	lumber, City or Town	n, State, Zip	Code)
	20a METHOD OF DISPOSITION Burlet 2 Cremetton 3 Rem		PLACE AND DATE		Name of	0	ATE 20c, LO	CATION — C	Ity or Town, State
-	YXBurlal 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	iery, comatery or o	"ans" Cen	etery :	12/4/9	2 Che		nam, Maryland
	21. SIGNATURE OF FUNERIAL SERVICE LI	CHISEE AND	***	Dona	AND ADDRESS	OF FACILITY	rdt Fine	ral F	Hame, P.A.
	MONAUOL V.	DITUMBURIE		4400	Powde:	r Mill	Rd. Be	eltsvi	ille, Md. 20705
	23. PART 1. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIAC	CONSEQUENCE O	RHYTH	Min				interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ARTERIO DUE TO (OR AS A d.	CONSEQUENCE O	F) :	ARDIO	VASC	usa C)15€,	ASE
- 1	PART II. Other significent condition	s contributing to death bu	it not resulting	in the underly	ing cause give	en in Part I.	. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL							1 YES 2	9	COMPLETION OF CAUSE OF DEATH?
Σ									1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-	26.	PLACE OF DEAT	TH (Check onl)	y one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa	itient 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 Resid	lence 6 🗆 O	ther (Specify)	-	
PH	27, MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Till IN.	JURY	NJURY AT WORK?		DESCRIBE HOW II	NJURY OCC	URED
B	2 Accident Investigation	28e. PLACE OF INJURY	- At home form		YES 2 N		OCATION (Stead of	and Mumbas	or Rural Route Number,
哥	4 Homicide 6 Could not be determined	building, etc. (Specif	(y)			- 0	Olty or Town, State)	ING NUMBER	or norm nouse number,
COMPLET	emel .	CIAN: To the best of my knowle							rd.
U C	29b. SIGNATURE AND TITLE OF CERTIFIE		to Me	11100	29c_LICENS				SIGNED (Month, Day, Year)
TO BI	Staulan Outor	end Ex	a mine	R	100	188	2		2-1-92
Ē	PAUL A. DEVO	REMD 40	TH (ITEM 27) (Type	eensbul	ry Rel	My	attovil		10 20 781
	DEC 03 92	38. BEGISTHAR'S SIGNA	fande 12						



housted or attending physician.

FOR STATE REGISTRAR

1 -

	REGISTRAR		CERTIF	ICATE	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	HEODORE	1 757	- CEI	7	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
				SCI		12 1		2 1.35 A
	212 02 0770	S. SEX 6. AGE (I	n yrs. lest birthday) 86 yrs.	IF UNDER 1 YE		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) Ennsylvania
	9e. FACILITY NAME (If not institution, give street			9b. CITY, TO	VN OR LOCATION OF DE	ATH	9c. COUNTY	OF OEATH
8	Wesleyan Health	n Care Cer	nter	De	nton		Caro	oline
5	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland Car	roline	10c. CIT	Y, TOWN OR LO	Den	ton		10d. INSIDE CITY LIMITS? 1 YES 2XXNO
1 4	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	280 Camp Road				216			.S.A.
15	11. MARITAL STATUS 12 1 Never Married 25 Merried	2. WAS DECEDENT EVER IN FORCES? 17 TYPES			DECENDENT OF HISPAN , specify Cuban, Mexica	IIC ORIGIN? (Specify Yes	or No- 14.	RACE American Indien, Black, White, etc.
BY		IF YES, GIVE WAR OR DA	TES		YES 2 NO Specifi			Specify: White
		WW	160. DECEDENT'S	IIELIAL OCCU	ATION	16b. KIND OF BU	DINITOO INIDIIO	
18	(Specify only highest grade con	mpleted)	(Give kind of a	work done during	most of working			
12	Elementary/Secondary (0-12)	College (1-4 or 5+)			lerica1	Holt (Dil Co	ompany
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				de MOTHERIO MA	ME (First, Middle, Meiden		
	F	Benjamin I	ooser			ie Seife:		
BE	10. INCOMANTO NAME (Tourston)	Jenjamin i						
ဥ	Elizabeth Paul	1				Route Number, City or Tow		
	BIIZADEUN IAAI							urg, MD2163
	20e. METHOD OF DISPOSITION 1 \(\sum_{\text{Burlel}}\) Burlel 2 \(\sum_{\text{cremation}}\) Cremation 3 \(\sum_{\text{Removal}}\) Removal 4 \(\sum_{\text{Donation}}\) Donation 5 \(\sum_{\text{cremation}}\) Other (Specify)		PLACE AND DATE (etery crematory or o STEIN		Vet. Cei			or Yown, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS		1. G. Show		E AND ADDRESS OF FA			7//2
	* Brangeless	Hawken	Expen	9 210	W man	- SY Fear	lows	John 2163.
	23. PART I. Entar tha diseases, or com	nplications that caused	the death. Do r	not enter the	moda of dying, suc	h as cardiac or respi	ratory arrest	
	shock, or heart fallure. List IMMEDIATE CAUSE (Final				^			Intarval Between
	disease or condition	(0,000	VIACO	BLAZ	Hect	Dar		
	reaulting in death) a	OUE TO (OR AS A	CONSEQUENCE OF	F):	15-00	7		
-		Arterio:	sch and	~ //	48Cll4	DISCH	TIR	
፬	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF				-	
18	cause. Enter UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
CERTIFICATION	resulting in death) LAST							
	24 57 11 000 1 101							
EDICAL	PART II. Other algnificant conditions of	contributing to death be	ut not resulting	in the under	ying cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 _ YES 2	□ NO	COMPLETION DF CAUSE OF DEATH?
ME								1 YES 2 NO
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	. PLACE OF DEATH (Ch	eck only one)		
Sic		IOSPITAL:	atient 3 🗆 OOA	OTHER:	Home 5 Residence	6 Other (Specify)		
글	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIM	E OF 28c	INJURY AT	26d. DESCRIBE HOW I	NJURY OCCUR	ED
C	1 Natural 5 Pending	(Month, Day, Year)	INJ	M 1	WORK?			
BY	2 Deviate	28e. PLACE OF INJURY	— At home, ferm, s	street, factory,	office	281. LOCATION (Street	and Number or I	Rural Route Number
ETED	4 Homicide 6 Could not be determined	building, etc. (Spec	ify)			City or Town, State)		,
1	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	IN: To the best of my knowl	edge, death occum	od at the time.	data and place, and due	to the cause(e) and man	oner se eteted	· · · · · · · · · · · · · · · · · · ·
COMPL								suse(e) end manner ee stated.
	296. SANATURE AND TITLE OF CENTIFIER				The Company of the	enteres.		COLUMN TO THE PARTY OF THE PART
BE	1 1 //	40 DO			LICIO	258	29d, DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	-3	ATM ATPM AT AT	02-0	There	-00	10	150-76
"	II .						D 010	20
	Dr. Henry D. Di			U Can	ip kd., D	enton, M	ע 216	29
	DEC 16 92	32 REGISTRAR'S SIGN	ATURE					
	DEC 16 '92	Julia Davidson	-pandell					

STATE OF MARYLAND / DEPARTMENT OF REALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

35976

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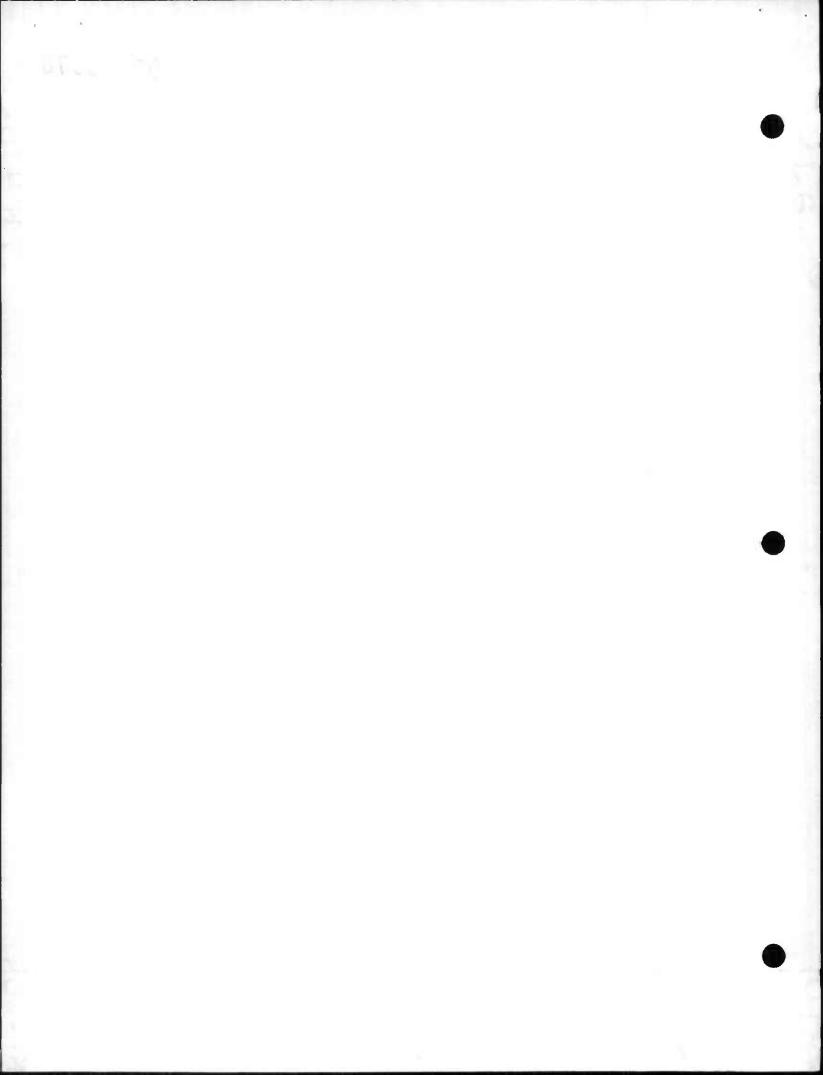
sumatic event, the medical examiner must be notified at once.	ne medical	atic event, ti	other traum	injury, or	shows any	ir Item 23	marked, o	Item 28 Is	IMPORTANT: If
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ne medical	atic event, ti	other traum	injury, or	shows any	ir Item 23	marked, o	Item 28 Is	IMPORTANT: If
1	on, or remove	burial, cremativ	ygiene prior to	nd Mental H	. of Health ar	e State Dept	feath with th	hours after c	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	filled in by th	and completely	ing physician :	y the attend	been signed b	tificate has t	After this cer	DIRECTOR: /	THE FUNERAL
II THE MOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospi	nours after	xecuted within 2	sertificate be ex	the death of	requires that	AN: The law	ING PHYSIC	OR ATTENO	THE HOSPITAL

	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPART	MENT OF I	EALTH ANDEATH	ND MENTA	REG. NO.	E	
1	1. DECEDENT'S HAME (First, Migdie, Leat) Wilfred	Lash	ley				E OF DEATH		EAR 3. TIME OF DEATH
	227 22 0122	[M2 F 4	yrs. hat birthday) 1 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 H	IRS. 7. DATI	08751		BIRTHPLACE (State or Foreign Country) SOUTHAMERICA
TOR	96. FACILITY HAME (If not institution, give street and P.G. HOSPITAL RESIDENCE OF DECEMENT	d number)		96. CITY, TOWN C		OF OEATH		9c. COUNTY PRINC	OF DEATH CE GEORGE'S
DIRECTOR	10a. STATE 10b. COUNTY	GEORGE'S		TOWN OR LOCAL	ЮН				10d. INSIDE CITY LIMITS? YXYES 2 \(\square\) NO
FUNERAL	3117- 75th AVE.	#102		101	20785	5		10g. CITIZEN	OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married	AS OECEDENT EVER IH ORCES? 1 TYES YES, GIVE WAR OR DAT	2 X HO	If yes, sp	ecity Cuben, N	ISPANIC ORIGI lexican, Puerto Specify:	IN? (Specify Yes Rican, etc.)		RACE — American Indian, Black, Whits, etc. Specify: BLACK
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (6-12) Coll 12th	oge (1-4 or 8+)	Iffe. Do NOT use	vrk done during mo	st of working	16	PVT.		
BE CON	17. FATHER'S HAME (First, Middle, Last) WILFRED LASH	LEY			KIT	TTY CI	Middle, Meiden : HISHOL	M	
10	199. INFORMANT'S NAME (Type/Print) MILTON LASHLEY 20g_METHOD OF DISPOSITION	200		GREELI	EY RD		TLAND,	MD 2	
	1 💢 Burial 2 Cremation 3 Removal fr 4 Donation 8 Other (Specify)	om State come	tery, crematory or oth ARMONY	er placa) MEMORI	AL PA	RK12-	4 LA	NDOVE	R, MARYLAND
	23. PART . Enter the disease, or comple	. Brisc				ER ROA	D LAND	OVER,	
	ahock, or heart failure. List o	oue to (or as a	tens or						Interval Between
CERTIFICATION	Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)						
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions con	tributing to dasth bu	t not resulting in	ths underlyin	g cause give	n in Part i.	24a. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		SPITAL: npatient 2 ER/Outpa		OTHER:		H (Check only o			
ву РНУ		28s. DATE OF INJURY (Month, Day, Year)	28b. TIME IHJU		URY AT	28d. DE	er (Specify)	JURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IHJURY - building, etc. (Specif	– At home, farm, str y)	reet, factory, offic			CATIOH (Street si y or Town, State)	nd Number or I	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1								tuse(s) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF SERVISHED 30. NAME AND ADDRESS OF PERSON WHO DOM	PLETED CAUSE OF DEA	TH (ITEM 27) (Type I	Print)	29 LICENSI	L 3 d		≥ 7/-	GNED (Month, Day, Year) 30-92
	31. DATE FILED (Month, Day, Wear)	CHENNEL SIGNA	1500	grays	Suso (4.0	Spi	.Me	20748
	BEC 0 4 1992	Julia Navid	m-Mandall	2			-		OMMAN 46 Co., 4 PM

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5	AMPLAIG

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGINGE		
9	1. DECEDENT'S NAME (First, Middle, Last)	000		D	2. DATE OF DEAT MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		45>	1/2		11	30 9	2 4:50 a.
,	237- 36- 5039	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	lr)	L BIRTHPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give		O J This.	SP CLLA LOMBI	OR LOCATION OF E	MAY 18,		SULFOLK, VA.
DIRECTOR	MERCY MEDICAL (BALTI		DEATH	9c. COON	TOF DEATH
<u>س</u>	10a, STATE 10b. COUN	ТУ	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
	MD		BALT	IMORE				1 VES 2 NO
3AL	10a. STREET AND NUMBER		·	10	f. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
FUNER	1932 WESARATOGA				1223		U.S	
	1 Never Married 2 X Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic	ANIC ORIGIN? (Specifican, Puerto Rican, etc.		 RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WICH OR D.	Ales	1 U YES	3 2 NO Spec	etty:		Specify: BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a, DECEDENT'S L	JSUAL OCCUPATE ork done during mo	ON ost of working	16b. KIND OF	BUSINESS/INDU	STRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
MP	5th		HOUSE K	EEPER	,		D HALL I	BLDA
	17. FATHER'S NAME (First, Middle, Last)	IOTH.				AME (First, Middle, Ma		
B	LORENZO FORIE 19a. INFORMANT'S NAME (Type/Print)	ST	10h MAII ING	ADDRESS (Street		LASSITE		
2	BERTHA LASSITER					BALTIMORI		·
	20a. METHOD OF DISPOSITION	206	. PLACE AND DATE O				LOCATION — C	
	MXBurial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)		netery, crematory or off ELOOTCH		CEMETERY	1	COURNEY	
4	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				UNERAL HO		
	1 with 1	Bacon	276			D.C. 2001		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с.			per te Pulmini	enson	ne	Interval Between Onset and Death
AL C	PART II, Other significant condition	ons contributing to death b	out not resulting in	the underlyin	g cause given in	n Part I, 24a, WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
20	Corenary a	story Disea	se. 14	sper he	512m	1 □ YE	S 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	/			//				OF DEATH?
1								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF GEATH (C	theck only one)		
1YS	1 YES 2 MO	1 Pinpatient 2 ER/Outs 28a. DATE OF INJURY	outlant 3 🗆 DOA	4 🗆 Nursing Hon		6 C Other (Specify)		
ВУ РНУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJU	M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE H	DW INJURY OCCU	RED
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at offy)	reet, factory, offic	:0	28f, LOCATION (Sh City or Town, S		r Rural Route Number,
COMPLET		SICIAN: To the best of my know						i. cause(s) and manner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NU			SIGNED (Month, Day, Year)
H	W. Imain) W.D.			AND LIVENSE NO	,oen		- 30 - 9 Z
2	30. NAME AND ADDRESS OF PERSON W	, , , , ,	ATH (ITEM 27) (Type,	Print) JULIA	URICID	CONCHA		50 / 2
	Meray Wedian	Culer 301	St. Paul			nome MS		7
	31. DATE FILED (Month Day, Year)	32. REGISTRAR'S SIGN	ATURE Ponda	00.				

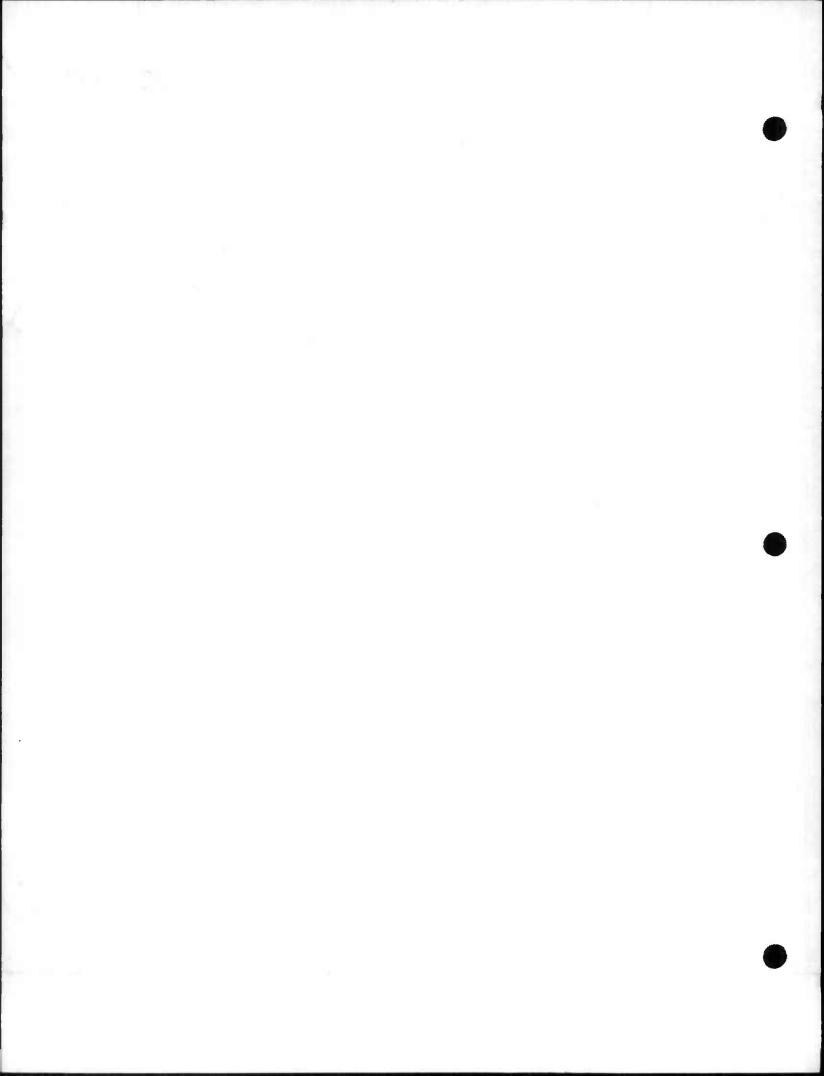


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

92 35979

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).		
100	1. DECEDENT'S NAME (First, Middle, Last)	ACK 1	1 DE	TV		2. DATE OF DEATH	MY, d	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (in	yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	TH 8. BIRTHPLACE (State or Foreign		
- 9	578 16 8215 MS	M 2 □ F 74	YRS.	DAYS DAYS	HOURS MIN.	11/8/18	W.	ash DC	
TOR	SOUTERN MD RESIDENCE OF DECEDENT	HOSP	TAL "	C L 1/	OR LOCATION OF DE	EATH	PRIY	Y OF DEATH GEORG	
DIRECTOR	10e. STATE 10b. COUNTY Maryland Prince (Georges		rown or Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	13218 Van Brady Road	l		101	ZIP CODE 207	72		n of what country? d States	
В	1 Never Married 2 Married F	AS DECEDENT EVER IN ORCES? 1 YES	2 X NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 14	Black, White, etc.	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	(ed)	18a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during mo		16b. KIND OF BU	SINESS/INDUS	STRY	
COMPLE	Elementary/Secondary (0-12) Colli	ege (1-4 or 5+)	CUSTODIA		IEER	D.C.PUB	LIC SC	HOOLS	
# W	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meider	Surname)		
BE	JOHN W. LOFTY 190. INFORMANT'S NAME (Type/Print)	·	dop teat me	NOTES A	EMMA I				
2		HTER)				Route Number, City or Tow . , Suitlan		·	
or removal. medical examiner must be	20a. METHOD OF DISPOSITION	20b. F	PLACE AND DATE OF	DISPOSITION (Na	me of			y or Town, State	
	1 Burial 2 to Cremation 3 Removal from 4 Donation 5 Other (Specify)	MET	ROPOLITA	N CREMA	TORY 1	1/27 ALE	XANDRI	A,VA.	
	21. SIGNATURE OF FUNEFIAL SERVICE LICENSES	ub			NDER S.		RAL HO	MES Hts,Md 20747	
AL CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO) CHEM DUE TO (OR AS A CO) CHEM DUE TO (OR AS A CO) DUE TO (OR AS A CO)	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	1.	s my s.	pathy		one and Deet one wee Months years decade	
A	PART II. Other algorificent conditions con	eributing to deeth but		4	discase		RMED?	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	acute my	cardial	Wfan	chon			·)(1 TYES 2 THO	
PHYSICIAN		SPITAL:	C	26. PL	ACE OF DEATH (Ch	eck only one)			
HYS	/-	npatient 2 ER/Outpat	lient 3 DOA 4			6 Other (Specify) 28d. DESCRIBE HOW	IN HIEV OCCU	960	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	RUÇNI	Y W0	RK? YES 2 NO	200. DESCRIBE NOW	_	ne.	
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	- At home, ferm, stre	el, fectory, offic		28f. LOCATION (Street City or Town, State		Rural Route Number,	
BE COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 2 MEDICAL EXAMINER: On the control of the control o								
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)	
2	MACA NAKA	mura	MD				• (1)	22/92	
1	30. NAME AND ADDRESS OF PERSON WHO COM	1	TH (ITEM 27) (Type, Pr	arra H	. 8	Clan	+-	u . I . I	
	110111606 - 14010	amura 1	301 11	Arroll	s Koad	LIVI	10m	rian land	



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB STTEMBRIC DUNCTOIAN. The last consistent that death contillates he accorded supplies of
/ISION	STERIORS
6	00

BALTIMORE, MARYLAND 21215-0020

		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF E	DEATH	VEAD	3. TIME OF DEATH
		Peter	0		November 2				5, 1992 1:35 P M			
					last birthday)	IF UNDER 1 Y	AR IF U	NOER 24 HRS.	7. DATE OF B (Month, Day	NALH V. Mear)	8. BIRTI Count	HPLACE (State or Foreign
diam'r.		577-07-1425	1 🔀 M 2 🗆 F	78	YRS.				1-24-	1914		shington, DC
E 5	<u></u>	Sa. FACILITY NAME (If not institution, give s						CATION OF D	EATH	100	DUNTY OF E	
	임	Bradford Oaks Nursing Center Clinton Prince George's									George's	
	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
nit.			nce Geor	ge's	Up	per Ma	rlbo	ro				1 TES 2 1 NO
physician. burial-transit permit.	ERAL	106. STREET AND NUMBER					10f. ZIP			10g. 0		WHAT COUNTRY?
ian. trans	FUNE	9731 Williamsbur	g drive	T EVED IN II C	ADMED	1 40 110		20772 U.S.A. DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No				
physic burial		1 Never Married 2 Married		YES 2 5		If ye	s, specify (Cuban, Mexico NO Specil	n, Puerto Rican, etc.) Black, White, etc.			k, White, etc.
oding s the	D BY	3 X Widowed 4 Divorced					TES 2 (A)	по зрися	у.		Spec	White
the hospital or attending detached for use as the once.	ETEC	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		DECEDENT'S (Give kind of v	vork done durk	PATION og most of w	vorking	16b. KJN	O OF BUSINESS/	INDUSTRY	
d for		Elementary/Secondary (0-12) 12th	College (1-4 or 5	+)	Me. Do NOT us		c		D 0	п.	D	
detache	сомы	17. FATHER'S NAME (First, Middle, Last)			рерис	y Chie		MOTHER'S NA		. Fire		tment
be d			spare Lo	Medico			""		sephin		"/"	
5 should) BE	19a. INFORMANT'S NAME (Type/Print)	DP410 20.		19b. MAILING	ADDRESS (SI	reet and Nu			City or Town, State,	Zip Code)	
y be retained by the hospital or attending physician. lage 5 should be detached for use as the buriat-trar be notified at once.	욘	Robert G. LoMedi	со		9808	8_Chur	chil	1 Dr.	upper	Marlbor	o. Md	. 20772
ector, page must be		20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ram	ovel from State	20b. PLAC	CE AND DATE O	OF DISPOSITIO	N (Name of		DATE	29c. LOCATION		
direct		4 Donation 5 Other (Specify)	Eurer .	Resu	cremetory or of					Clinto		
death. Page 6 m e funeral director, I.		21. SIGNATURE OF TORCHAL SERVICE LI	11			Geo	rge .	P. Kal	as Fun	eral Ho	me	ld. 20745
9 2 9		CANN 1-LA	us					_				ld. 20745
d in by the or removal		23. PART I. Enter the diseases, or c shock, or heart failure.	complications the List only one cau	it caused the ise on each li	death. Do n Ine.	ot enter the	mode of	f dying, suc	h as cardlec	or respiratory	arrest,	Approximate Interval Between
24 jijun jour		IMMEDIATE CAUSE (Final disease or condition	0	, 0.	0					1		Onset and Death
executed within 24 and completely filling burial, cremation, matic event, the		resulting in death)		(OR AS A CON			ari	1.0	Mes		_	
nd control burial,	z		a	teye	scle	rote	ė (Hea	it i	Diseo	al	į
be execut lician and c rior to buri traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE OF	D: 1		0 -	10	1 A	- 11,	Olitus
cate physic ie pric	2	CAUSE (Disease or injury	c. OY	(OR AS A CONS	EFOLIENCE OF	De	pen	den	10	labelle	0/100	Milio
h certificat inding phy Hygiene p or other	Ē	that initiated events resulting in death) LAST	4	ton vo v cons	SEGOLNOE OF	<i>y</i> -	,					j
the death y the attend d Mental	- 1	DARK II Oshari da Mara	a		Treatment to the	Oran extension of						
that the led by th th and N	MEDICAL	PART II. Other significant condition		(les		n the under	lying cau	ise given in	Bart I. 24a	PERFORMED?	24t	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
quires that a signed of Health a	ED	Place + 9	Final	Osci	P	load) h	TO VO	10	YES 2 X NO		OF DEATH?
been s	_	Test lean	www	ne	1 10	Cua	30		-			1 TES 2 NO
he law that he be bept.	SICIAN:	25. WAS CASE/REFERRED TO MEDICAL	yac	ise			6. PLACE (OF DEATH (C)	neck only one)			
SICIAN: The certificate h h the State d, or Item	Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	QTHER:	Home 5	Residence	6 Other (Sp.	ecify)		
PHYSICIA this certif with the rked, or	PHY	27. MANNER OF DEATH	26a. DATE OF (Month, D		28b. TIMI	E OF 28-	INJURY A	AT .	28d. DESCRIE	BE HOW INJURY	OCCURED	
NG PHYS fter this cath with marked	Β¥	1 Natural 5 Pending 2 Accident Investigation				M 1	YES	2 NO				
TTENDI TOR: A after de 28 Is	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At atc. (Specify)	home, farm, s	treet, factory,	office			N (Street and Num wn, State)	ber or Rural	Route Number,
L OR ATTENDING F DIRECTOR: After the hours after death them 28 is man		29a CERTIFIER										
RAL D	COMPLET	(Check only 1 X CERTIFYING PHYSI	_									V-1-25.5 do
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prime WITHOUT: If Nem 28 Is marked, or 11em 23 shows any Injury, or other tr	- 11	2 MEDICAL EXAMINE			- investigatio	ii, in my opini						AND 111-11 125 272 51
표표	H	CAble Com	· · · · · · · ·	6	M		29c.	LICENSE NU	MBER ファク	7 29d. C	MATE SIGNED	(Month, Day, Year)
558₹	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED EAU	SE OF DENTH (I	TEM 27) (Typa,	Print)			, 68	N	ovemb	er 25,1992
		R. A. McConna		/ /			n Rd	. Ft.	Washin	gton, M	d. 20	744
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	אר	1.00						
) [NOV 3 0 19	192 4	ha David	con-yan	dell						
												DHMH-16 Rev 1/89



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1	FOR STATE REGISTRAR

-	REGISTRAN		OL.	DITT	CAIL	Or .	DEA	п	REG.	NO.		
	1. DECEDENT'S HAME (First, Middle, Last JAMES LI	NDSAY							2. DATE OF DEATH	DAY 28	YEATS 23.	3;30 PM _M
	4. SOCIAL SECURITY HUMBER 229-32 8856	5. SEX	6. AGE (In yrs. lest I		IF UNDER 1 Y	EAR DAYS	46.4 45.00 34.4			'n	8. BIRTHPLACE (State or Foreign Cognity) CAROLINA	
OR	9a. FACILITY NAME (If not institution, give	atreet and number) ANE			96. CITY TOWN OF LOCATION OF DEATH 96. COUNTY OF DEATH					т н		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN MD	P G		10c. CLTY	47878 87	YE'R	ON				10	od. INSIDE CITY LIMITS? YES 2 HO
FUNERAL	10e. STREET AND NUMBER HEIDI	LANE				101.	2 O	785		10g. CI	TIZEN OF WHA	AT COUNTRY?
B≺	11. MARITAL STATUS X 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. ARM I YES 2 THO MAR OR DATES	NED	lf y	es, spe	city Cube	of HISPANI n, Mexican Specify:	C ORIGIN? (Specit) , Puarto Rican, etc.	Yee or No—	14. RACE — Black, V Specify	- American Indian, Whita, etc. A C K
COMPLETED	15. DECEDENT'S ED (Specify only highest gran Elementary/Secondary (0-12)		(Gh		usual occi ork done duri o retired.) R K			ng	166. KIND OF	BUSINESS/III TRO	IDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) OLIVER LINDS	SAV							AE (First, Middle, Me			
BE	19a. IHFORMAHT'S HAME (Type/Print)	MI	T in	****								
0	JOYCE LINDSAY	(WTFE)	196.						oute Number, City or Landov			8 5
	20st METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE O other plac HAR	F DISPOS		of cerr	netery, crem	natory or	200	LOCATION -	- City or Town	, State
	21. SIGNATURE OF FUHERAL SERVICE	LICENSEE	10000		22. NA	ME AN	OUS	SS OF FAC	F WILLI			
CERTIFICATION	IMMEDIATE CAUSE (Final disesse or condition resulting in desth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	b. Due to	CON AS A CONSECU-	Chicago Inches berginer	0		من	~	ms -	en o	age	
MEDICAL	PART II. Other significant conditions contributing to deeth but not requiting in the underlying cause given in Part I, PERFORMED? 1 YES 2 NO 246. WAS AN AUTOPSY PINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL			ck only one)			
SIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3	□ DOA	OTHER:	g Hom	· 5X-1	esidence	6 Other (Specify,			
BY PHYSICIAN:	27. MAHHER OF DEATH 1 Netural 6 Pending 2 Accident Investigation		F INJURY Day, Year)	26b. TIME INJ	URY	WO	URY AT RK? /ES 2 [] NO	28d. DESCRIBE H	OW INJURY C	OCCURED	
	3 Suicide 6 Could not b	28e. PLACE building	OF IHJURY — At hon i, etc. (Specify)	ne, farm, s	treet, factor	y, office	•		26f. LOCATION (St City or Town, S		ber or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER Check only one) CERTIFYIHG PHY	(SICIAN: To the best of										and manner as stated.
BE	29b GIONATURE AND TITLE OF CERTIF	IER O	850	M	>		29c. LIC	34L	172	29d. D.	ATE SIGHED (A	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CA	652	1 27) (Type,	Print)	باد	مد	sr	172 Rd	Hys	H3V	lle
	31. DATE FILED (Month, Day, Mar) 10	32. REGISTA	AR'S GIGNATURE	Randa	02						201	182



FOR

polal or attending physician.

RMEAND 21215-0020

BALTIMORE, M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO				
- 83	1. DECEDFMT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEAT	н
23	Robert E	dward	Lepley			December		PART	11.01	3 M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	Z, 15		HPLACE (State or For	A
	202 20 0012	1 🔀 M 2 🗆 F	MO	THE DAYS	HOURS MIN.	(Month, Day, Year)		Cours		olgn
-))	282-28-8012 9a. FACILITY NAME (If not institution, give str		58			May 8, 19			Ohio	
~				. CITY, TOWN (OR LOCATION OF DE	EATH	9c. COU	NTY OF	DEATH	
0	Shady Grove Adve	ntist Hosp	ital	Rock	ville		Mo	nta	omerv	
ទួ	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			OWN OR LOCAT						
<u>E</u>			IOC. GITY, II	WIN OR LUCA!	ION				10d, INSIDE CITY LIMITS?	
9		tgomery	Ro	ckvil					1 VES 2	NO
₹	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	
监	ll Trail House (Court			20850		Uni	ted	States	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes		14. RAC	E American India	n,
	1 Never Married 2 Married	FORCES? 1XX			2X NO Specifi	n, Puerto Rican, etc.)	- 1	Spec	ck, White, etc.	
84	3 Widowed 4 Divorced	1955-195	3					- Gp o	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S USL	AL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INC	DUSTRY		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo lired.)	st of working					
립		5+	Consul	tant		Intorn		-7 1	Marketino	
8	17. FATHER'S NAME (First, Middle, Lest)		Consu	cane	16. MOTHER'S NA	ME (First, Middle, Malden		all	lataker the	
	Basil Leple	217								
H	19a. INFORMANT'S NAME (Type/Print)	= y	10h MAII INC AD	MESS (Samuel or	Hild	la Wall Poute Number, City or Tow		0.11		
2	The state of the s									
	Karen C. Lepley					Rockville				0
	1X Burlal 2 Cremation 3 Remove	val from State	20b. PLACE AND DATE OF Discometery, crematory or other	lanel	1	21/5/92	CATION —	-		
	4 Donation 5 Other (Specify)		Bellevue Ca		<u>Cemeter</u>	y Bel	levu	e, 0	hio	
	21. SIGNATURE OF FUMERIAL SERVICE LICE	MSEE AA) M00831	Robert	D ADDRESS OF FA	our hrev Funer	al H	Omo /	,	
	Darbara 10/1/c/	Mullenge	whence	Rockvi	lle, Inc	hrey Funer	t Mo	ntgo	mery	
\neg	23. PART I. Enter the diseases, or co	mplications that cer		Avenue	, KOCKAT	ile, Marvi	and	208	50-2805 Approxima	46
- 1	shock, or heart fallure. L	lst only one cause o	n eech line.		de or dying, see	ii as cardiec or resp	natory si	wat,	Interval Be	tween
- 1	IMMEDIATE CAUSE (Final disease or condition	1)	1 1		1				Onset and	Death
- 1	resulting in death)	. les	Leral f	emo	nluc				6d	40
- 1		DUE TO (OR	AS A CONSEQUENCE OF):		. (0		-	0
Z	Sequentially flat conditions, 6.	John	mutten	a Lu	edion	saule.	lu		200	4/2
CERTIFICATION	if any, leading to immediate	DUE TO (OH	SA CONSEQUENCE OF):						(
2	CAUSE (Disease or injury								-	/
늗	that initiated events resulting in death) LAST	DUE TO (OR .	AS A CONSEQUENCE OF):						1	
H	d.									
	PART ii. Other significant conditions	contributing to dea	h but not resulting in t	a underlying	cours about in	Part I. 24s. WAS AN	ALTTORAN	T	b. WERE AUTOPSY FIN	in the same
DICAL	\/	100	in but not resulting in t	ie diideliyin	Cause given in	PERFOR		240	MAILABLE PRIOR 1	o
ă		WY				1 YES 2	K NO		COMPLETION OF CO OF DEATH?	AUSE
₹									1 YES 2 N	ю
PHYSICIAN: ME										
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)				
S	**	HOSPITAL:		HER: Nursing Hom	e 5 Residence	6 Other (Specify)				
≟ ∥	27. MANNER OF DEATH	28a. DATE OF INJU	RY 26b. TIME O	28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending	(Month, Day, Ye	er) INJURY	WO	RK? YES 2 NO					
B	2 Accident investigation 3 Suicide & Could get be	28e. PLACE OF INJ	URY — At home, farm, stree			28f. LOCATION (Street	and Alicahar	O1	0	
COMPLETED	4 Homicide determined	building, etc.	Specify)	i, raciony, orner		City or Town, State)	ING NUMBER	OF FIURE	noute number,	- 1
<u> </u>	M- 0577775		<u> </u>							
립			nowledge, death occurred a							
8	One) 2 MEDICAL EXAMINER	On the basis of axamir	ation and/or investigation, in	my opinion, d	eath occured at the	time, date and place, an	d due to th	e cause(a) and manner as st	eted.
	296. SIGNATURE AND TITLE OF CERTIFIER	1 0			29c. LICENSE NUN	IBER .	29d. DAT	E SIGNET	O (Month, Day, Year)	
H	At. 09	1/1			Do-	1471	> -	James /	20 07	
OIL		/ \ / /	at V		1	111		J-)	CV 74	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Tono Del	ri		/				
F	30. NAME AND ADDRESS OF PERSON WHO			•		,				
ř	Paul T. Noone, M.	D. 50 Wes	t Edmonston	•	. Rockvi	lle. Maryl	and	208	52	
JT.	_	D. 50 Wes	t Edmonston	•	. Rockvi	lle. Maryl	and	208	52	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reflect to the transfer of the true of the transfer of the true of the transfer of

BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the building the final mister of a fact that and Market and Mark	be lied writin 72 Hours are used which he state begit, by regular and mental hyders prior to burner, or removed. IMPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN	E	
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	YEA	3. TIME OF DEATH
3	JACK		ETZ			11 / 27		12:10 A M
	4. SOCIAL SECURITY NUMBER 381-88-8819	5. SEX 6. AGE (1)		HTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-10-78	Co	RTHPLACE (State or Foreign Unity) SA Michigan
	Sa. FACILITY NAME (If not institution, give s	treet end number)	94	b. CITY, TOWN D	R LOCATION OF DE	ATH	9c. COUNTY O	
HOL	THE JOHNS HOPK	INS HOSPITAL		BALTIM	ORE CITY		BALTIM	IORE
DIRECTOR	MARYLAND Monto	•		OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER	gomery	110 011		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
E	13401 CRISPIN WAY			2	0853		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If yes, specify Cuben, IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF If yes, specify Cuben, 1 ☐ YES 2 ☑ NO			n, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc. pecify: WHITE
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	N at of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use n	stired.)		,		
COMPL	17. FATHER'S NAME (First, Middle, Last)		student		SE MOTUEPIO MAI	educat ME (First, Middle, Maiden		
	John E. Lietz					en H. Hea		
O BE	19a, INFORMANT'S NAME (Type/Print)		196. MAILING AD	ORESS (Street as		Route Number, City or Tow		,
ř	JOHN LIETZ		13401 CI	RISPIN	WAY, ROC	KVILLE, MI	20853	3
	20s. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Ram	oval from State 20b.	PLACE AND DATE OF E	place)			CATION — City or	0.00
	4 Donation 5 Other (Specify)	IMt	. Olivet		D ADDRESS OF FAC	12/3/92 De	troit,	Michigan
	Bur	4 Helber	R					17 9th St.N.W shington, D.C
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that caused List only one cause on ea	the death. Do not	enter the mo	de of dying, sucl	h as cardiac or respi	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Firm	1)"						Onset and Death
	resulting in death)		CONSEQUENCE DE	9				48
_		ב ייס נייס אייס אייס אייס אייס אייס אייס	CONSEQUENCE DY).					
2	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A	CONSEQUENCE OF):					
5	CAUSE (Disease or Injury	C	A CONSEQUENCE OF):					
HILLCALION	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF):					
5	202211 201	d						
3	PART II. Other significant condition	S contributing to death but	not resulting in t	he underlying	cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	111/125/ 14/1	11000	101111	1		1 _ YES 2	□ NO	OF DEATH?
						-		1 🗌 YES 2 🗷 NO
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	eck only one)		
	1 TES 2 NO	HOSPITAL: 1 Dinpatient 2 ER/Output		THER: Nursing Home	5 🗆 Residence	8 Other (Specify)		
	27. MANNEW OF DEATH 1 Natural 5 Pending	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME O	y wo	PK?	28d. DESCRIBE HOW I	NJURY OCCURED	
6	2 Accident Investigation	28e. PLACE OF INJURY	_ At home form etro	M 1 7		28f. LOCATION (Street a		
COMPLEIED	4 Homicide 6 Could not be determined	building, etc. (Speci	ify)	er, ractory, ornec		City or Town, State)	ino number or nui	er Houte Number,
	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowle	edge, death occurred a	it the time, deta	and place, and due	to the cause(a) and mar	ner ee stated.	
5		It: On the built of examination						se(e) and manner ee stated.
NE C	29% SHOWATTIRE AND TITLE OF CERTIFIE			T	29c. LICENSE NUM	IBER	29d. DATE SIGN	IED (Month, Day, Year)
2	took y.	to					► 11 T	27/92
-	PAUL A RU	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	- \	PITA			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE 10					
	NOV 3 0 199	32 guha Dav	idson-Admidal	-				



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	020	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proc. 6 July 1975/1000 PHYSICIAN:	physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnal create that the fourth is as the burish rarest narms power 1.2 a should	Burial-transit parmit Page 1 2 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the second of the second o	
IMPORTANT If Hen 28 is marked on Hen 23 shows any injury, or other traumatic event the medical		

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY DECEMBER 7,1992 3. TIME OF DEATH 9:15 4 SEEGFRIED LEVY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 XM 2 - F MONTHS DAYS HOURS 132-12-1607 YRS. 94 APRIL 8,1898 **GERMANY** 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKVILLE 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11801 ROCKVILLE PIKE #1504 20852 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION

The bland of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10 FARMER **FARMING** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JACOB** LEVY CAROLINE LEVY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BERNARD HILDEBRAND 11801 ROCKVILLE PIKE#1504-ROCKVILLE, MARYLAND 20852 28e. METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 LinConation 5 D Other (Specify) MT. NEBO CEMETERY 12/9 TAUNTON, MASSACHUSETTS AT PRIS OF PUNETAL GENVICE LICENSEE 22. NAME AND AGORESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. Hagan 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 23. PART f. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdisc or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximats IMMEDIATE CAUSE (Fine) Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): minutes resulting in death) Brancha Brencha preument days MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE Multi infact Dementia t YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER:
4 I Nursing Home 5 Residence 6 I Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Veer) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY t YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, strest, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Musher Wi 1033357 7/52 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ee Jonathan Musher my 6121 Mentrose Road Rockille 31. DATE FILEO (Month, Day, Year) Julia Davidson Rando DEC 08 '92

1. DECEDENT'S NAME (First, Middle, Last)

Michael J.

4. SOCIAL SECURITY NUMBER

579-05-1057

Malone

5. SEX

1 🕅 M 2 🗌 F

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. lest birthday)

84

YRS.

2. DATE OF DEATH

7. DATE OF BIRTH

8-15-08

3. TIME OF DEATH

12:00

8. BIRTHPLACE (State or Foreign

Italy

Prince George's

14. RACE — American Indian, Black, White, etc.

10d, INSIDE CITY

1 TES 2 NO

White

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

USA

A

M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	4 hours after death. Page 6 may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use as the burial-transit permit Page 1, 3 should be detached for use 2, 3 should be detached for use 3, 3 s

9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Southern Maryland Hospital Clinton 10b. COUNTY 10c. CITY TOWN OR LOCATION Md. Prince George's Temple Hills FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 2009 Gaither Street 20748 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Plasterer Local #96 8 examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Gaetano Malone Bellvisa Lella 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Rose M. Malone 11609 Butlers Branch Rd., Clinton, Md. 20735-20a, METHOD OF DISPOSITION
1 [X Burlal 2 | Cremation 3 | 1 20b. PLACE AND DATE OF DISPOSITION (Name of 12-2-9 2ATE 4 Donation 5 Other (Specify) ion Cemetery Clinton, Md.
22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.
6633 Old Alexander Ferry Road Resurrection Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICE Clinton, Md. 20735 medical 23. PART i. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final 23 shows any injury, or other traumatic event, the disease or condition resulting in death) URO PRO DUE TO (OR AS A CONSEQUENCE OF): MALNUTITION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL certificate has been signed by h the State Dept. of Health and HOSPITAL OR ATTENDING PHYSICIAN: The law requires that 1 _ YES 2 70 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:

1 Separtient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 00 me 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, Netural 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide 29a. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. FUNERAL I E TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE D38129 Mel 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) \$600. CLINEW. MS 20775 VINCENT CHEN, MS 9131 PYCATALIAY Ry 1 32. REGISTRAR'S SIGNATURE

20c. LOCATION — City or Town, State 4136 Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1000 29d, DATE SIGNED (Month, Day, Year) 11-70-an DHMH-16 Rev 1/89

		FOR
1	_	STATE
		REGISTRAR

Page 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

REGISTRAR		CERTIFIC	CATE OF I	DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Last	it)				2. DATE OF DEATH		3. TIME OF DEATH		
	ILENE	MCM:	ILLAN		NOVEMBER	24 1992			
4. SOCIAL SECURITY NUMBER	5. SEX 6. A			IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign		
579-40-6215 Se. FACILITY NAME (If not institution, give	1 M 2 F	82 YRS.		HOURS MIN.	MAY, 9,	1910 N	ebraska		
The state of the s		ENTER	ANDREWS	AFB MD	Camp Spri 20331-530	ndscounty of PRINC	E GEORGE S		
10a. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCATIO	N .		-	10d. INSIDE CITY		
Maryland Prin	nce George's	s F	t. Washi	naton			1 TES TO NO		
MALCOLM GROW USA RESIDENCE OF DECEDENT 10e. STATE 10e. COU Maryland Prir 10e. STREET AND NUMBER 2500 Cornir 11. MARITAL STATUS 1 Never Married 2 Married	3 110			OP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
2500 COMIN	12. WAS DECEDENT EVE	ED IN II C ADMED	T 40 1110 0 0000	20744			S.A.		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TY	ES 2 NO	If yes, speci	ify Cuban, Mexica	NC ORIGIN? (Specify) in, Puerto Rican, etc.) y:		NACE — American Indian, Hack, White, etc.		
	DUCATION	16a. DECEDENT'S US	UAL OCCUPATION	-	16b, KIND OF B	ICa:	ucasian M		
15. DECEDENT'S EI (Specify only highest grant processes of the specify only highest grant processes of the specific only highest grant processes of the spec	College (1-4 or 5+)	(Give kind of wor	k done during most etired.)	of working	925 10-23-0.0				
12	N/A	Ret. Na	vy Disab	ility	1 11 0	Gover	omon+		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide		wiedii.		
besse r. Mc	Millan				rie Bell				
19a. INFORMANT'S NAME (Type/Print) Florence A. S	andstedt	196. MAILING AI 12318	Charles	St. On	Ploute Number, City or Real NE 68	own, State, Zip Code 154)		
20g. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re		20b. PLACE AND DATE OF cemetary, cremetory or other	(prace)		,	OCATION — City of			
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Fillcrest M	morial	Park	On	aha Nebi	raska		
1//	3/1		6633 0	old Alex	Lee Fu	neral Ho	ome, Inc. Linton, Md207		
23. PART I. Enter the diseases, o	r complications that cau	sed the death. Do not					Approximate		
iMMEDIATE CAUSE (Final disease or condition	e. List Dolly one cause o	n each line. NER LOBE PN		,,,		pricitity arrows,	Interval Between Onset and Death		
resulting in death)		AS A CONSEQUENCE OF):	EUMONIA						
Sequentially list conditions,	b. DUE TO (OR /	AS A CONSEQUENCE OF):				·			
if any, leading to immediate cause. Enter UNDERLYING	C.	an insertion is					į		
Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
	Discontinuously to dead	in but not resulting in	the underlying o	cause given in	Part I. 24a. WAS A PERF	DRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
				-		ĺ	1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			CE OF DEATH (Ch	eck only one)				
1 □ YES 2 → NO	17 Inpetient 2 ER/		THER: Nursing Home	5 - Residence	6 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Yes		OF 28c. INJUR	TY AT	28d. DESCRIBE HOW	INJURY OCCURE	0		
1 Natural 5 Pending 2 Accident Investigation				S 2 NO					
3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	26a, PLACE OF INJ building, etc. (3	URY — At home, farm, stre Specify)	et, factory, office		28f. LOCATION (Stree City or Town, State	t and Number or Ru (e)	ral Route Number,		
29a, CERTIFIER (Check only	YSICIAN: To the best of my ki	nowledge, death occurred	of the time, date or	nd place, and due	to the cause(s) and m	senner se stated			
one) 2 MEDICAL EXAM	INER: On the basis of examin						se(e) end menner se stated,		
296. SIGNATURE AND TITLE OF CERTIF				9c. LICENSE NUI			NED (Month, Day, Year)		
1/000 // (h	Ste DMD				-31		OVEMBER 1992		
30. NAME AND ADDRESS OF PERSON N			int)	MALCOL	M GROW ME				
MARC A. HESTER					S AFB MD				
DEC 0 3 1992	32. REGISTRAR'S S	fandell							



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	TIEGISTIVAT			CENTI	ICALL	UF	DEA	IП		HEG. NO			
	1. DECEDENT'S NAME (First, Middle, L Marion Elisa		011						2. DATE OF MONTH	DEATH	10	OYEAR	3. TIME OF OEATH 21:10
										_	, 17		M
	4. SOCIAL SECURITY NUMBER 215-14-5354	5. SEX	6. AGE (in yr	rs. lest birthday) YRS.	MONTHS	DAYS	HOURS.	24 HRS. MIN.	7. DATE OF (Month of 6/26	71912	2	8. BIFTH Countr Havr	PLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, g	ive street and number)			9b, CITY	TOWN C	OR LOCATE	ON OF DE				NTY OF O	
HO	Union Hospital			E1kt	on					ecil			
DIRECTOR	RESIDENCE OF DECEDENT												
#	10e. STATE 10b. CO				TY, TOWN O								10d. INSIDE CITY LIMITS?
		Cecil		I N	lorth	Eas	t						1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD				11.7		VHAT COUNTRY?
ÿ l	31 Cove Lane							219	901			U.S.	Α.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED	NT EVER IN U.S 1 TYES 2	S. ARMED	13.	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN? (Specify Yes	or No—	14. RACE Black	- American Indian, L, White, etc.
B	3 Widowed 4 Divorced		WAR OR DATES				2 € NO			an, 411)			w White
COMPLETED	15. DECEDENT'S (Specify only highest of		164	a. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. K	IND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of Ille, Do NOT u		ourny mo	ISI UF WUTUI	14					
MP	12	2		Bookke	eper				B.	oatir	ıg		
8	17. FATHER'S NAME (First, Middle, Last)							AME (First, Mid		Sumame)		
BE	Clinton Bond								Jone				
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,				10007
	Linda E. Shinn							Lane	Wil:				
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State		ACE AND DATE y, cremetory or eas				Cem.	12/	20c. LO	cation —	City or To	wn, State MD
1	21. SIGNATURE OF TUNERAL SETVICE	LICENSEE	1	7					AL Hom				
	· Kobal)	. Crore	ch		1	27 S	. Ma	in S	St. N	orth		-	21901
	23. PART I. Enter the diseases, shock, or heart falls	or complications the	at caused the	e death. Do	not enter	the mo	de of dy	ing, suc	ch aa cardla	c or resp	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final												Interval Between Onset and Death
	disease or condition resulting in death)	a	CAROLO	ac Al	rusi								
			OR AS A CO	INSEQUENCE (OF):								
Z	Sequentially list conditions,	U	CAD										
Ā	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CO	INSEQUENCE C	PF):								î l
EDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO	OR AS A CO	NSEQUENCE O	OF):								
E	resulting in death) LAST												
뮝		0.											1
¥	PART II. Other significant cond	tions contributing to	deeth but r	not resulting	in the ur	derlyin	g cause	given in	Part I. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8									1	YES 2	. ⊠ NO		COMPLETION OF CAUSE OF DEATH?
Z													1 TES 2 NO
ž l													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	heck only one)				
ΥSI	1 VES 2 NO	1 Inpatient 2			4 🗆 Nur	sing Hom		esidence	6 🗆 Other (S	Specify)			
H	27. MANNER OF DEATH 1 Netural 5 Pending	28s. OATE Of (Month, i	F INJURY Day, Year)	28b. Til	WE OF JURY		PRK?		28d. DESCR	RIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigat				М		YES 2	NO					
ED	3 Suicide 6 Could not) building	OF INJURY — I , etc. (Specify)	At home, farm,	street, faci	lory, offic				ON (Street li Town, State)		r or Runal F	Route Number,
4	29a. CERTIFIER												
COMPLETED	(Check only 1 CERTIFYING P	HYSICIAN: To the best o											
8			examination an	d/or investigati	on, in my c	pinion, d	leath occu	red at the	time, date an	d place, an	d due to t	he cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERT	IFIER	0				29c. LIC	ENSE NUI	MBER		29d. DAT	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	<i>Y</i>	-				D	36	2395		P J	2-1	1-92
- 1	JU. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL											
		Finucan,	M.D.	3 Mau	ıldin	Ave	. N	orth	n East	, MD	219	01	
		32. REGISTR	M.D. AR'S SIGNATUR WILLIAM ARTON A	RE	ıldin	Ave	2. N	orth	n East	, MD	219	001	

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

	FOR
١.	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CER	TIFE	CATE C	F DEAT	Н	REG. NO			
- 1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
- 1	,	Roy E.	Matne	∍у			i	December	1 2 1 3	1992	0810 •
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birt	thday)	IF UNDER 1 YEA	IR IF UNDER 2	4 HRS.	7. DATE OF BIFTH	13,		IPLACE (State or Foreign
	232-12-4828	1 🕅 M 2 🗆 F			ONTHS DAY	'S HOURS	MIN.	(Month, Day, Year)		Country	y)
- 1	Sa. FACILITY NAME (If not institution, give st	treat and number)		-	Oh CITY TOW	/N OR LOCATIO		Jan. 20,	-		
œ		,					N OF DE	AIH		NTY OF D	EATH
DIRECTOR	Union Hospital of	r cecii cou	шсу		Elkto	011			Ce	cil	
S	10e. STATE 10b. COUNTY	1	10	Dc. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
뜽	Maryland Cecil	1	- 1"	Elk	ton						LIMITS?
<u>.</u>	10e. STREET AND NUMBER				1	10f, ZIP CODE			40- 00		1 X YES 2 NO
RA	2 Bridgewell Par	kr.ra.rr			- 1	21921				S.A.	YHAI COUNTHY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE			1						
교	1 Never Married 2 Married	FORCES? 1 X Y	ES 2 NO	,	if yes	, specify Cuban	HISPAN Mexican	IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	s or No	14. RACE Black	E American Indian, k, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	World War			10	AES 5 K NO	Specify:			Speci	White
	15, DECEDENT'S EDUC			ENT'S I	SUAL OCCUP	ATION		16b, KIND OF BU	êlvicos (IV)	OLIGIEN	
E I	(Specify only highest grade	completed)	(Give k	and of wo	vk done during	most of working		166. KIND OF BU	SINE 35/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Mair	nten	ance I	Vorker		Automo	hile	Man	ufacturing
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)										
	David Matr	nev				18. WOTH	EH'S NAR	ME (First, Middle, Maiden		- 1	
BE	19a. INFORMANT'S NAME (Type/Print)	ic,					-		ıknow		
2	Rose M. Rowles							oute Number, City or Tow - Newark,		p Code) 1971	3
	20a. METHOD OF DISPOSITION						Juu				
	1 X Burial 2 Cremation 3 Remo	oval from State	20b. PLACE AND cometery, cremato		os mino a l			12-16 20c. LO	CATION	City or To	wn, State
-	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Gilpin	Man	or Mei			The second second			ryland
	21. SIGNATURE OF PONENAL SERVICE LIC	ENSEE						or Funeral		Α	
	Donard S	Hickory						ckton Stre 21921-5521			
	23. PART i. Enter the diseases, or c	omplications that cau	sed the death.	. Do no	t enter the	mode of dyin	g, such	as cerdiac or resp	iratory ar	reat,	Approximate
- 1	shock, or heart failure. I	List only one cause of	n each line.								Onset and Death
	disease or condition	5700	MU 0 (00)	1.0	to	tracock	48.4	•			
	disease or condition resulting in death)	n. DUE TO (OR A	MY P (BL	NCE OF)	- Ju	fact!	on	•			
z			My e (BE AS A CONSEQUE U.T. C			taros!	on	•	***		Onest and Detail
LION	resulting in death) Sequentially list conditions,	DUE TO (OR A	U.T. C	47.		facos!	on				
CATION	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	old 1	U.T. C	47.		facos	on				
IFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	U.T. C	H7		fact	on				
ERTIFICATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	M.T. C AS A CONSEQUEN	H7		fact!	on				
CERTIFICATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	MT. C AS A CONSEQUEN AS A CONSEQUEN	NCE OF):							
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	MT. C AS A CONSEQUEN AS A CONSEQUEN	NCE OF):						246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	MT. C AS A CONSEQUEN AS A CONSEQUEN	NCE OF):				Pert I. 24a, WAS AN	RMED?	240.	WERE AUTOPSY FINDINGS
	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	MT. C AS A CONSEQUEN AS A CONSEQUEN	NCE OF):				Part I. 24a, WAS AN	RMED?	246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	MT. C AS A CONSEQUEN AS A CONSEQUEN	NCE OF):				Part I. 24a, WAS AN	RMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A d.	MT. C AS A CONSEQUEN AS A CONSEQUEN	NCE OF):	the underl		ven in I	Part I. 24a, WAS AN PERFOI	RMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR A	LS A CONSEQUENT D LS A CONSEQUENT THE BUT NOT YES	NCE OF):	the underly	ying cause gi	ven in f	Part I. 24a, WAS AN PERFOI	RMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR A DUE TO (OR A DUE TO (OR A d. HOSPITAL: 10 Inpetient 2 - ERVO	LS A CONSEQUENT A CONSEQUENT TO THE DESCRIPTION OF	NCE OF):	26 DTHER: Nursing	ying cause gi	ven in I	Part I. 24a. WAS AN PERFORM 1 YES 2 ck only one) 6 Other (Specify)	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR A DUE TO (OR A DUE TO (OR A d. C. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	US A CONSEQUENT D S A CONSEQUENT AS A CONSEQU	NCE OF):	26 OTHER: OF 28c. RY M 1	ying cause gi	ven in I	Part I. 24a, WAS AN PERFOI 1 YES 2 ack only one) 8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR A A SCV DUE TO (OR A d. HOSPITAL: 10 Inpetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (S	LIS A CONSEQUENT LIS A CONSEQ	NCE OF:	26 OTHER: 5 Nursing 8 OF 28c, RY M 1 [seet, factory, c	PLACE OF DE. INJURY AT WORK? YES 2	ATH (Che	Part I. 24a. WAS AN PERFOI 1 VES 2 ick only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OC	CURED Y or Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR A A SCV DUE TO (OR A d. HOSPITAL: 12 Inpetient 2 ERVC 28e. DATE OF INJU (Month, Day, Yea 28a. PLACE OF INJU building, etc. (S	US A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S CONSEQU	NCE OF:	26 DTHER: Nursing 8 OF 28c. RY M 1 [seet, factory, content time, conten	PLACE OF DE. INJURY AT WORK? YES 2	ATH (Che	Part I. 24a. WAS AN PERFOI 1 YES 2 ock only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and main	NJURY OC	CURED or or Rural R	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR A A SCV DUE TO (OR A d. a contributing to deat HOSPITAL: 10 inpettent 2 = ER/C 28e. DATE OF INJU (Month, Day, Yes 28e. PLACE OF INJU building, etc. (6)	US A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S CONSEQU	NCE OF:	26 DTHER: Nursing 8 OF 28c. RY M 1 [seet, factory, content time, conten	ying cause gi	ATH (Che Idence	Part I. 24a. WAS AN PERFOI 1 YES 2 Inck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mailtime, data and place, ar	NJURY OC	CURED or or Rural R sted. he cause(s)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR A A SCV DUE TO (OR A d. a contributing to deat HOSPITAL: 10 inpettent 2 = ER/C 28e. DATE OF INJU (Month, Day, Yes 28e. PLACE OF INJU building, etc. (6)	US A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S CONSEQU	NCE OF:	26 DTHER: Nursing 8 OF 28c. RY M 1 [seet, factory, content time, conten	ying cause gi	NO NO NO NO NO NO NO NO NO NO NO NO NO N	Part I. 24a, WAS AN PERFOI 1 VES 2 Cock only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mailtime, data and place, ar IBER	NJURY OC	CURED or or Rural R sted. he cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 3 SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR A A SCV DUE TO (OR A d. a contributing to deat HOSPITAL: 10 Inpettent 2 = ER/C 28e. DATE OF INJU (Month, Day, Yes 28e. PLACE OF INJU building, etc. (6)	LIS A CONSEQUENT LIS A CONSEQ	DOA (abb. Time injuried injuri	26 DTHER: Nursing Vesting Nursi	ying cause gi	ATH (Che Idence	Part I. 24a, WAS AN PERFOI 1 VES 2 Cock only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mailtime, data and place, ar IBER	NJURY OC	CURED or or Rural R sted.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR A A SCV DUE TO (OR A d. a contributing to deat HOSPITAL: 10 Inpettent 2 = ER/C 28e. DATE OF INJU (Month, Day, Yes 28e. PLACE OF INJU building, etc. (6)	LIS A CONSEQUENT LIS A CONSEQ	NCE OF): NCE	the underly 26 OTHER: Nursing 8 OF 28c. RY M 1 [eet, factory, c at the time, c in my opinio	ying cause gi Delace of Delace INJURY AT WORKY YES 2 Jeffice Jete and place, in, death occure 29c. LICEN	NO NO NO NO NO NO NO NO NO NO NO NO NO N	Part I. 24a. WAS AN PERFOI 1 VES 2 CK only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and maittime, data and place, ar IBER	NJURY OC	ocured or or Rural R red. he cause(s)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Morth, Day, Year) 3 9 2
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR A A SCV DUE TO (OR A d. a contributing to deat HOSPITAL: 10 Inpettent 2 = ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (6)	LIST A CONSEQUENT SA A CONSEQU	NCE OF): NCE	the underly 26 OTHER: Nursing 8 OF 28c. RY M 1 [eet, factory, c at the time, c in my opinio	ying cause gi Delace of Delace INJURY AT WORKY YES 2 Jeffice Jete and place, in, death occure 29c. LICEN	NO NO NO NO NO NO NO NO NO NO NO NO NO N	Part I. 24a, WAS AN PERFOI 1 VES 2 Cock only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mailtime, data and place, ar IBER	NJURY OC	ocured or or Rural R red. he cause(s)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

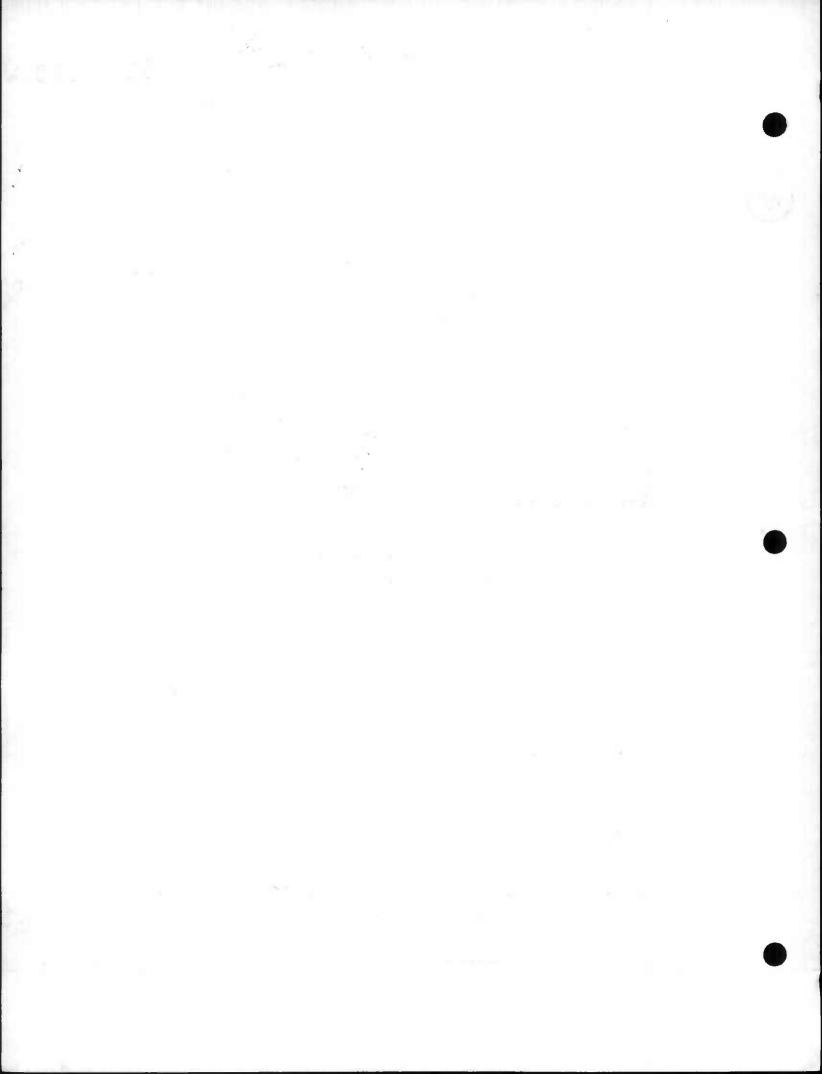
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Preset led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.1. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
-			

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) James K. Moran, Sr. 2. OATE OF DEATH MONTH DAY YEAR December 13, 1992 0120	м		
	James K. Moran, Sr. December 13, 1992 0120 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) F UNDER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH (Morith, Day, Year) S. BIRTHPLACE (State or Forek (Morith, Day, Year) Jan. 26, 1917 New Jersey			
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Hospital of Cecil County Elkton Cecil	9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Cecil Elkton 1 □ YES 2 🖾 N	0		
FUNERAL D	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 4 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Beer Distributor Wholesale/Beer			
COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)			
BE	Peter Moran Margaret Kiely 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
5	James Kiel Moran, Jr. 69 Elk Mills Road - Elkton, MD 21921			
	20a. METHOD OF DISPOSITION Dec. 17, 1992 1	nd		
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND SOURCE FAPOY Funerals, PA 103 West Stockton Street Elkton, MD 21921-5521			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	ween		
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	USE		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:			
IXSI	1 YES 2 AND 1 Pinpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)			
BY PF	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation			
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, for my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	sted.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)			
TO B	Joseph G. Lanzi, M.D. D06131 12/15/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)			
	Joseph G. Lanzi, M.D 721 Bridge Street - Elkton, MD 21921			
Ĭ	31. DATE FILED (MONTH), Day, Year) SE RECONSTRUME SUCCESSION ACTUAL PROPERTY SUCCESSION ACTUAL PROPER			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.	9	
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	100	3. TIME OF DEA
Mae V. M	iddleton				Dec		L992	Qe15 A
4. SOCIAL SECURITY NUMBER	T	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	4.8	HRTHPLACE (State or F
213-22-3608		5 YAS.	ONTHS DAYS	HOURS MIN.	3-1	7-1917	, ,	Md.
9a. FACILITY NAME (If not inatitution, give 141 Mc Culloh		9		tburg	EATH		Alle	
RESIDENCE OF DECEDENT								
	legany		ostburg					10d. INSIDE CIT LIMITS? 1 YES 2
10a. STREET AND NUMBER 141 Mc Culloh				ZIP CODE				OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER			21532	-		U.S.	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specia	en, Puerto R	? (Specify Yea o loan, etc.)		RACE — American Indi Black, Whita, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad		18a. DECEDENT'S US	k done durina ma		16b.	KIND OF BUSI	NESS/INOUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal	etired.)	•		Own Ho	me	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			urname)	
Floyd Middle	ton	got then me	DDEED (C.	Vera			A	
Betty L. Harde	n			oh St.,				
20erMETHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State C6	b. PLACE AND DATE OF I	DISPOSITION (Na	me of	12/2	20c. LOCA	ation - chy	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE L		TI OBODAL &	-	D ADDRESS OF FA		220	S O D CE E	,
I John P.	Horn		Durs	t Funera	l Hon	e, Fro	stburg	g, Md.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):	Hovasc	llar <u>nea</u>	rt <u>Di</u>	sease		
that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other significant condition Hypothyroid		but not resulting in	the underlying	cause given in		24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
I								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Out			5 Alealdence	8 🗆 Other	(Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	29b. TIME C	Y WO	URY AT RK? 'ES 2 NO	28d. DESC	CRIBE HOW IN.	URY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, atre			28f. LOCA City o	TION (Street and Town, State)	d Number or Ru	ural Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my known feet on the basis of exemplest							24 - 57 - 12 - 12 - 13
MENAPURE AND TITLE OF CERTIFIE	ER: On the basis of examination	on entire investigation,	my opinion, d					
The San	"			Do9157				NED (Month, Day, Year)
NAME AND ADDRESS OF PERSON WI			10				20/	21/~
Paul Snow, 31. DATE FILEO (Month, Day, Year)	M.D. 124 W.	3rd St.	Cumber	land, Mo	21	502		
31. DATE FILEO (Month, Day, Year)	AL AGENCAMA	Andall.						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burla, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN	3	. TIME OF DEATH
	JOHN R.	MARTIN				MONTH	DAY	YEAR	1:39 A. M
1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	12-0		T	ACE (State or Foreign
	216-22-5886	1 04 2 0 F		MONTHS DAYS	HOURS MIN.	(Month, De	ly, Year)	Country)	LACE (State or Poreign
			65				7-1927	MD	
-	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN (OR LOCATION OF D	EATN	9c. C0	OUNTY OF OEA	ITN
Ö	Sacred Heart H	Mospital		Cimbe	erland			Allega	anv
5									
DIRECTOR	10a. STATE 10b. COUNT	14	10c. CITY,	TOWN OR LOCAT	TION			1	0d. INSIDE CITY LIMITS?
	MD A1	legany	R/	awlings				1	TES 2 THO
14	10e. STREET AND NUMBER	3. 1		101	ZIP CODE		10g. C	ITIZEN OF WH	AT COUNTRY?
E	16200 Rawling	II o i white			21557			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (S	pecify Yea or No-		- American Indian,
	1 Never Married 2 Married	FORCES? 1 Y YES	2 NO	If yes, sp	ecify Cuban, Mexic	an, Puerto Rica	n, atc.)	Black, \	White, etc.
B	3 Wildowed 4 Divorced		DATES	1 TES	2 NO Speci	ry:		Specify:	white
	16. DECEDENT'S EDI	JCATION WW II	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIN	ID OF BUSINESS/I	NDUSTRY	WILLCE
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 8 +)	(Give kind of wo	vk done durina mo	st of working				
7	Lieuwital y cooling y (0-12)	Conege (1-4 or 6 +)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		retir	ed engi			Balisti		
	THE PROPERTY OF THE PROPERTY O						le, Maiden Surname)	
BE	Joseph Mart:	in				elia G			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, (Olty or Town, State,	Zip Code)	
	Mra Marri T N	lartin	16200	Rawlin	as Heial	nts Raw	lings	MD 215	57
	29s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren		b. PLACE AND DATE OF	DISPOSITION (Na		OATE	20c. LOCATION		
	4 Donation 5 Other (Specify)	CE	metery, crematory or othe			12-10	Camb	erland	MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	bb Peter	22. NAME AN	metery	VCILITY	Canno	ELIANO	L. MID
	• ()	7 1/10-	11	San	rmolli I	noral	Uomo		
	23. PART Venier the diseases, or	TXICO	spells	Cum	porland	MD 21	502		
	23. PART Enter the diseases, or shock, or heert feliure.	List only one cause on	d the death. Do no	t enter the mo	de of dying, su	h es cerdiec	or reapiratory	arreat,	Approximata
	IMMEDIATE CAUSE (Fine)	clar only one cause on	racii iiiie.						Interval Between Onset and Death
	diseese or condition resulting in deeth)								A 100 100 100 100 100 100 100 100 100 10
	resolding in deeth)	DUE TO (OFF AS	TYNATTERY	Heart	Disease	·			
2									į .
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						+
18	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						-
눈	resulting in death) LAST								
빙		0							+
4	PART ii. Other algnificent condition	na contributing to deeth	but not resulting in	the underlying	cause given in	Part I. 24s	. WAS AN AUTOPS		ERE AUTOPSY FINDINGS
EDICAL							PERFORMED?	C	MAILABLE PRIOR TO OMPLETION OF CAUSE
	Pleural Peric	ardiai				''	150 2 100		F DEATH?
Σ						—		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20.04	ACE OF OFATH (C)				
💆	EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (C)				
≥	YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Our			e 5 🗆 Rasidence				
급	Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ	URY AT RK?	28d. OEŞCRII	DE HOW INJURY O	CCUREO	
☆	2 Accident Investigation				ES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, str cify)	eet, factory, office		281. LOCATIO	N (Street and Number, State)	er or Rural Rou	te Number,
COMPLETED	4 Nomicide determined								
12	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	viedge, death occurred	at the time, data	and place, and due	to the causele	and manner se e	teted	
Σ		ER: On the basis of examinati							nd manner se stated
	1	_							
BE	296. MIGHATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29d. D	ATE SIGNED (M	lonth, Day, Year)
2	sell free				D0915	7		12/7	/92
-	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, P	rint)					
	- Dr. Davil Cross	Date Mad F	124 W	3rd S	treet C	umberl	and MD	21502	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	NATURE						
	DEC 0 9 1992	Fine Varido							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

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PIJAL OR ALIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Pag	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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)	1. DECEDENT'S NAME (First, Middle, La	ist)	OLNIII	FICATE OF	DEALIN	REG.	Н	3. TIME OF DEATH
		Bessie Lyno	ch Morri	S		монтн 12	7 92	EAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (in yrs. last birthday)		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	8.	BIRTHPLACE (State or Foreign Country)
	221-30-3068	1 🗆 M 2 💢 F	75 yrs.			06/27/	17	Delaware
5	9a. FACILITY NAME (If not institution, gi				OR LOCATION OF D	EATH	9c. COUNTY	
CTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU				ston			Calbot
DIREC		aroline	10c. CI	TY, TOWN OR LOCA	тюн Federa	1 shura		10d. INSIDE CITY LIMITS? 1 ☐ YES 23€3(NO
A	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
<u> </u>	Route 3, B					1632		.S.A.
T S	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 YOUR STANDARD OF	ES 2 X NO	If yes, ap	ecify Cuban, Mexic	NIC ORIGIN? (Specifier, Puerto Rican, etc.		. RACE — American Indian, Black, White, etc.
	3 Wildowed 4 Divorced	IF TES, GIVE WAN OF	DATES	1 1 723	S 2 TKNO Speci	y:		Specify: White
EIED	15. DECEDENT'S E (Specify only highest or	rade completed)	16a. DECEDENT	S USUAL OCCUPATION work done during mouse retired.)	ON ost of working		BUSINESS/INDUS	TRY
1	Elementary/Secondary (0-12)	College (1-4 or 5+)		nemaker		Own	Home	
COMPL	17. FATHER'S NAME (First, Middle, Last)	I Too lane or one				AME (First, Middle, Ma	iden Sumame)	
מ	19a, INFORMANT'S NAME (Type/Print)	Unknown	405 MAN IN	0.4000000.00		nown		
2		liamson		Rt. 3, 1				g, MD 21632
	20s. METHOD OF DISPOSITION 1 Schurial 2 Cremation 3 R		20b. PLACE AND DATE cemetery, crematory or		ame of		LOCATION — CIT	
	4 Donation 5 Other (Specify) _		Bloomer	y Ceme	tery		r. Fed	eralsburg,MD
	1 M. Dail 7	Gelena		Frami	otom-Ha	wkins-E	skow F	uneral Home MD 21632
	23 PART I Enter the diseases	400000		IPU BU	1 X 4 7 .			WILL / ID3/
		or complications that cau	sed the death. Do					
	shock, or heart fallu	or complications that cau re. List only one cause or	sed the death. Do n each line.	not enter the mo	ode of dying, suc	ch as cardiac or i	espiratory arres	
	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that cause or a. Artur	sed the death. Do	not enter the mo	ode of dying, suc	ch as cardiac or i	espiratory arres	t, Approximata intervai Between
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detached for use as the burial-transit permit. Pages 1, 2, 3 should

med by the hospital or attending physician.

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ROX 68760 C ۵ RECORDS DIVISION OF VITAL

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami-
ì	fter (the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	9 8:
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Lillian Harig McNish December 5, 1992 12:30 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 578-24-3761 1 M 2 XF YRS. 28, Dec. 1904 Washington, DC Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Potomac Valley Nursing Home Rockville Montgomery 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Montgomery Chevy Chase 1 YES 2 K NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4711 Essex Avenue 20815 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES. GIVE WAR OR DATES 1 TES 2 NO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 12 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Jerome Hariq Mary O'Connor BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Floute Number, City or Town, State, Zio Code) 2 Alvin George McNish 5309 Manorfield Road, Rockville, Maryland 20853 20a. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Rock Creek Cemetery 4 Donation 5 Other (Specify) 12/8/92 Washington, D.C. 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave., Bethesda, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE alu Fornal M00198 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line interval Between **Onset and Death IMMEDIATE CAUSE (Final** SEPS14 the disease or condition_ resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) DRAINING traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE DE) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 ND PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 THO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28 is marked, 5 Pending Investigat 1 X Natural 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide C FUNERAL DI. SITTAL STATION 72 hours. 29a, CERTIFIER 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINED: On the beste of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner ee stated, 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D38589 Dec. 7, 1992 2

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

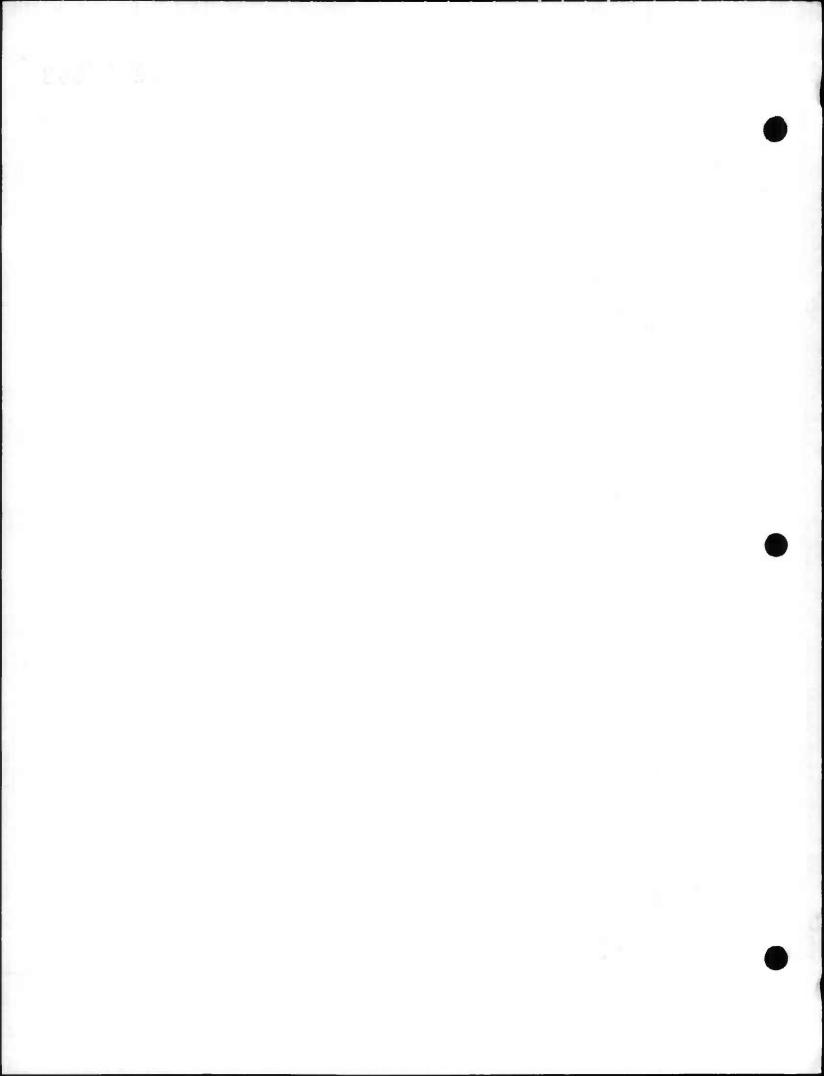
32. REGISTRAR'S SIGNATURE

Julia Davidson Randall

31. DATE FILED (Month, Day, Year)

08 '97

Johathan S. Plotsky, M.D. 9711 Medical Center Drive, Rockville, MD



FOR

15-0020	ending physicia	as the burial-tr	4
AND 2121	P hospital or att	asn payor	1
BALTIMORE, MARYCAND 21215-0020	6 may be retained by the	tor, page 5 show be	hust be notified at
BALTIM	ours after death. Page i	in by the funeral direc	nedical examiner m
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain to the morphal or attending physicia	TO THE FUNERAL OHRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show be a so the buriat-tropic be filed within 72 hours after death with the State Dept. of Health and Mental Myglene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
DIVISIO	TAL OR ATTENDIN	RAL DIRECTOR; After 72 hours after dea	It Item 28 is m
\	TO THE HOSPI	TO THE FUNEF	IMPORTANT:

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / I	DEPAR	TMENT	OF H	EALTH A	AND ME	NTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) FREEMAN 4. SOCIAL SECURITY NUMBER	F, SEX	MURR	4				2.	DATE OF DEATH MONTH		YEAR 92	3. TIME OF DEATH		
	579-10-1646	1 M 2 F	6. AGE (In yrs. last	YRS.	IF UNDER	DAYS	HOURS	MIN. M	Month, Day, Year)	1904	S. BIRTH	IPLACE (State or Foreign LNE		
æ	9a. FACILITY NAME (If not Institution, give s RANDOLPH HILL							N OF DEATH						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		NG HOME											
		MONTGOMEI	RY		c. CITY, TOWN OR LOCATION SILVER SPRING							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE							VHAT COUNTRY?		
UNE	4011 RANDOLPH 11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM	ED	13. 1	WAS DECE	NDENT OF	209	ORIGIN? (Specify Yea		USA 14. BACE	— American Indian,		
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Wildowed 4 Divorced IF YES, GIVE				yea, spec	offy Cuban,	Maxican, Po Specify:	uarto Rican, etc.)		Black Speci	, White, elc.		
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Give	kind of a	USUAL OC work done one retired.)	CUPATION luring most	of working		16b. KIND OF BUS	SINESS/INC	DUSTRY			
COMPLET		1	AGE	NT					I.R.S.					
	17. FATHER'S NAME (First, Middle, Last) FREEMAN	7	/URRY				18. MOTHE		First, Middle, Maiden		' CONI	VET T		
TO BE	19a. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS	(Street and			Number, City or Town			NELL		
	EDMOND J. FITZGE:							POTOM	AC, MD 2					
	1 Durtal 2 Commetted 3 Rem 4 Donation 5 Other (Specify)		cometery, creme	etory or other piece)						LOCATION — City or Town, State LEXANDRIA, VA				
	21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MI													
7	23. PART I. Enter the disesses, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	SEP 7	t caused the deet se on each line.	B		the mod	e of dyln	g, such es	cardiec or reapi	ratory arr	rest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEOU											
MEDICAL	PART II. Other eignificent condition Chronic Ol Tralley - Co	a contributing to	death but not rea	luiting i	tec	derlying ULL	couse give	ven in Pari	I. 24a. WAS AN. PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Т	ОТНЕВ		CE OF DEA	TH (Check o	nly one)					
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY sy, Year)	DOA ZEBB. TIME	4 (S-Nurs	28c, INJUI WORI	RY AT	260	Other (Specify)	JURY OCC	CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home etc. (Specify)	, ferm, s	treet, lacto		S 2 🗌		LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICONO) 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, deeth	occurre	d at the tir	ne, date a	nd place, a	nd due to th	ne cause(a) and man	ner aa stat	ed.			
BE	29b. SIGNATURE AND TITLE OF CONTIFIER	den						SE NUMBER				(Month, Day, Year)		
70	30. NAME AND ADDRESS OF PERSON WHO BARRY ROSENIES		3720	T) (Type,	Print) ARR	16 Ú	1	AUE	KONSI	ING.	704	MD.		
	DEC 11 '92		R'S SIGNATURE	80 m.					KONSI	2	084	35		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner in

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGH

	1 - STATE REGISTRAR	OIME OF MI	CE	RTIF	ICATE (MENIAL	REG. NO.	E			
	1, DECEDENT'S NAME (First, Middle, Last)	TEWS,			E MAT			2. DATE OF MONTH	DEATH DA	2	EAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5 7 9 - 3 4 - 7 3 3 3	5. SEX 8.	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE	AR IF UN	DER 24 HRS.	7. DATE OF (Month, 1	BIRTH Day Year)	3 (BIRTHPL	CE (State or Foreign	
FOR	arriage Hill	NS9 CH	/ r.		9b. CITY, TO	WH OR LOC	ATION OF DI	eath /		Sc. COUNTY	9 DEAT	. /	
EC	10a. STATE 10b. COUNT	v /		10c, CIT	Y, TOWN OR L	OCATION				/	10.	INSIDE CITY	
DIR	Maryland Montg	Omerv		Ret	hesda							LIMITS?	
7	10a. STREET AND NUMBER	omery .		DCL	nesua	10f. ZIP C	ODE		_	10g. CITIZE		COUNTRY?	
FUNERAL DIRECTOR	6614 Braeburn Par	kway				2003	34			USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARMED YES 2 NO 13. WAS DECENDENT OF HISPY H yes, specify Cuban, Mexic 1 YES 2 NO NO Specific No Specific N					in, Puerto Ric	Specify Yes an, etc.)	or No- 14	Black, W Specify: Whit	American Indian, hita, etc.	
G	15. DECEDENT'S EDU				USUAL OCCU			16b. K	IND OF BUS	INESS/INDUS		.е	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	ne kind of the Do NOT us	work done durir se retired.)	g most of wo	nking						
AP.	_ 12		Hom	emak	er				wn Ho	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. M	OTHER'S NA	ME (First, Mid	dle, Malden	Surname)			
ш	John Yeager					Ga	agdel:	ina Du	nbeck				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (St						ode)		
F	James J. Matthew	s, Sr.	3	637	North	Monro	e Sti	reet-A	rling	ton,	Virgi	inia 22207	
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of											State	
	1 X Burial 2 Cremetion 3 Removal from State cametery, cremetory or other place) 4 Donation 5 Other (Specify) Gate of Heaven Cem-Nov 25, 1992 Silver Spr											, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2		22. NAN	E AND ADD	RESS OF FA	CILITY					
	& klin I	Delot			222	ol Fu 2 Wis	neral consi	n Ave	- Wa	shingt NW	on, 2000	มิต 7	
	23. PART I. Enter the diseases, or o	complications that c	aused the dea	th. Do r	not enter the	mode of	dying, suc	h as cerdia	c or respir	ratory arres	t,	Approximate	
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause	on each line.	0	A	- ,		/			,	Interval Between Onset and Death	
	disease or condition												
	immediate CAUSE (Finel disease or condition resulting in death) a. arteriosceratic cerebrovascular des 3 yrs Oue to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate												
₹ I	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that Initiated events Due TD (OR AS A CONSEQUENCE OF):												
EH	resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL	OD TODI STORMED? MAILABLE PRIOR TO												
ED	2000000	a contract				- ~		— ¹	YES 2	NO	OF	DEATH?	
Σ.								-			1 [YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL				2	B. PLACE OF	OFATH (Ch	eck only one)					
SIC	EXAMINER?	HOSPITAL:	B/Osrinationt 3 [DOA	OTHER:								
Ŧ	27. MANNER OF DEATH	28a. DATE OF IN.	JURY	28b. TIM	E OF 280	INJURY AT				JURY OCCUP	RED		
	1 Natural 5 Pending	(Month, Day,	Your)	INJ	M 1	WORK?	. □ NO	3000 0000					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF II	NJURY — At hom	ne, farm, s	street, factory,	office		28f. LOCATI	ON (Street a	nd Number or	Rural Route	Number,	
COMPLETED	4 Homicide determined	building, etc	. (Specify)					City or	Town, State)				
LE	29a. CERTIFIER 1 DEERTIFYING PHYSI	CIAN: To the best of my	knowledge, des	th occum	d at the time.	date and pla	ce, and due	to the cause	(a) and man	ner se stated			
ME	(Check only one) 2 MEDICAL EXAMINE										ause(a) and	d manner as stated.	
	SIBNATURE AND TITLE OF CERTIFIES		-0				ICENSE NUM					/	
B	Xleon 1	Dong	stal	26	ne	H	1	121				1-92	
유	30. NAME AND ADDAMS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Tron	Print)	-	,	, - /		- //	4	1-12	
	George F. Sengsta	ck, MD 392	29 Ferr			Wheat	on. M	farvla	nd 20	906			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					7					
	DEC 02 '92	Time David	con Bank	حالاليه									

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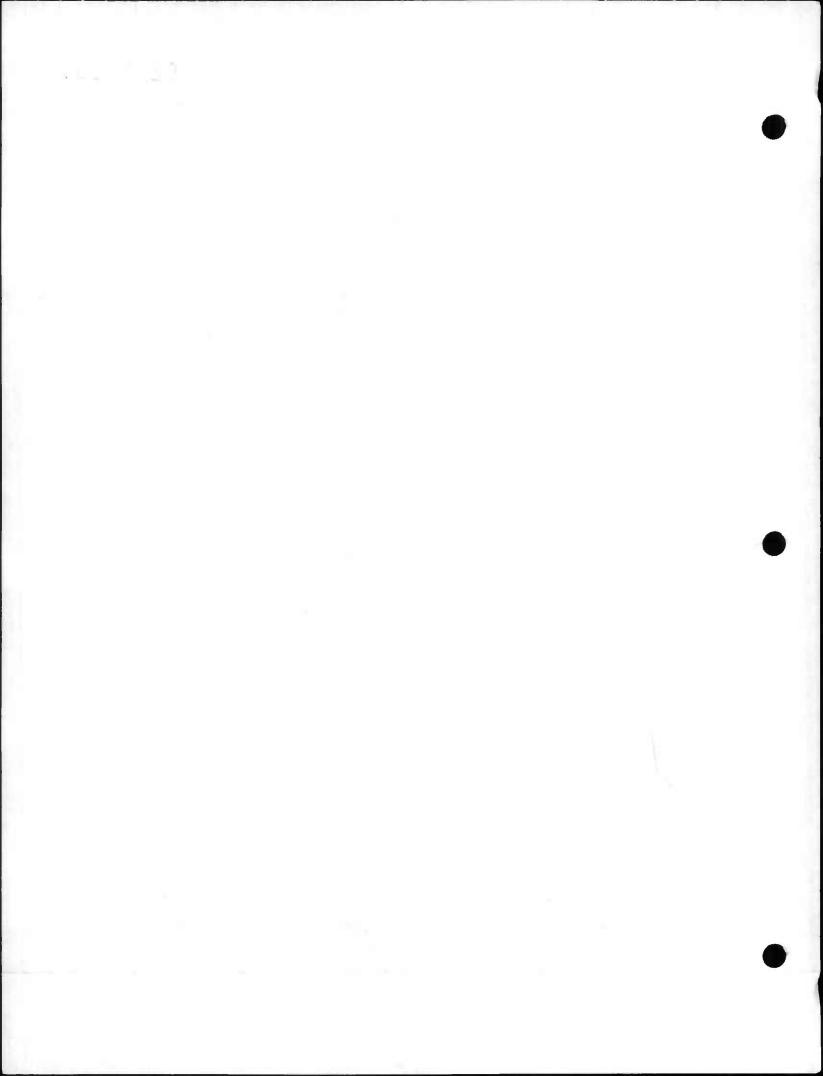
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 35996											
	1. DECEDENT'S NAME (First, Middle, Last)		11111	1		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH	-/99	BIRTHPLACE (State or Foreign					
	57758 6392	1 M 2 🗆 F	32 YRS.	MONTHS DAYS HO	(Month, Day, Year) OCT.13,191		Country) EST VIRGINIA						
ac	9e. FACILITY NAME (If not institution, give	_ ·		96. CITY, TOWN OR LO	OCATION OF DE		9c. COUNTY OF DEATH						
DIRECTOR	WASHINGTON AD	VENTIST HOSPI	ITAL	TAKOMA	PARK		MOI	NTGOMERY					
IRE	10a. STATE 10b. COUNT			Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?					
	MARYLAND MONT 10e. STREET AND NUMBER	GOMERY		ILVER SPR			10a, CITIZEN	1 YES 2 NO					
FUNERAL	804 WINHALL WAY				20904	4	USA						
J.	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	13. WAS DECENDED	ENT OF HISPAN	HC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc.					
B	3 Widowed 4 Divorced	WW II	ATES	1 🗆 YES 2 🖟	NO Specify	<i>r</i> :	W	Specify: HITE					
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind of v	USUAL OCCUPATION work done during most of	working	16b. KIND OF BUS							
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +) 5-	MANAGER			DEDM C	AT A CD	r Over Marriage					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	TIMINGLIN		MOTHER'S NA	ME (First, Middle, Maiden		CULTURE					
H	FRANK A. MAYOLA					ARIE KELLY							
12	JUANITA S. MAYO	Route Number, City or Town											
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE	INHALL WAY	1	OATE 20c. LOC		ND 20904 or Town, State					
tXX Surfel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) GATE OF HEAVEN CEMETERY 12/5 SILVER SPRING, MARY													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.												
	500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901												
	shock, or heart feilure	List only one cause on e	d the deeth. Do n sch line.	iot enter the mode o	of dyling, suc	h es cerdiec or reepii	ratory arrest	Interval Between					
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	aut.	msee	or my	o car	deel wif	ancted	Onset and Desth					
	DUE TO (DR AS A CONSEQUENCE OF):												
NO.	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST												
	PART II Other cignificant condition	d.											
CAL	PART II. Other significant condition		out not resulting I		use given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDI		6 6				1 □ YES ,22′	-ho	OF OEATH?					
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OTHER:	OF DEATH (Ch	eck only one)							
HYS	JOE YES 2 NO 27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIMI	4 Nursing Home 5 E OF 28c. INJURY		6 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCUR	ED					
ВУ Р	Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJ		2 🗌 NO								
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	f — At home, farm, s cify)	treet, factory, office		261. LOCATION (Street e. City or Town, State)	end Number or Rural Route Number,						
PLE	29a, CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my know	rledge, death occurre	ed at the time, date end	place, and due	to the cause(e) end man	ner ee stated,						
O.		ER: On the basis of examination						use(a) end manner as stated.					
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIE	R O		290	LICENSE NUN		29d. DATE SI	GNED (Morith, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) /Type	Print)	079	66	12/1/12						
	***************************************				COMA PA	RK, MARYLA	ND 200	12					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	.2.02, 111	Jul In	THINTUM	10 403						
	DFC 7 1992	The nandon-1	0.00										

Later the Kelen Later & Sign 13-10 DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

								01	DEATH		HEG. NO	,			
			1. DECEDENT'S NAME (First, Middle, Last) Helen Mo	Helen Ma	rie,	lcGar	.A			2, D	ATE OF DEATH	5-9 2		3. TIME OF DEATH	
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	YEAR	IF UNDER 24 HR	8. 7. D	ATE OF BIRTH	1	8. BIRTHP	LACE (State or Foreign	
			579-28-9297	1 □ M 2次[]{F	66	YRS.	MONTHS	DAY8	HOURS MIN	. 0	Vonth, Day, Year) 9-19-2	6	Wash. DC		
	3 should		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN C	OR LOCATION OF				NTY OF DE		
	2, 3	СТОВ	Holy Cross Hos	pital			Sil	ve:	r Spri	.ng		MO	NTGC	DMERY	
	es 1.	W I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	TION		-			10d. INSIDE CITY	
	r. Pages	PI	Maryland Mon	tgomery			W	he	aton					LIMITS?	
	permit.	M	10e. STREET AND NUMBER					101	. ZIP CODE		10g. CITI		HAT COUNTRY?		
G.	burial-transit	UNER	11520 Goodloe						20	902		U.S.A.			
020 physician.	urial-t	F	11. MARITAL, STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 5		H y	res, sp	ecify Cuban, Mea	NGIN? (Specify Ye into Rican, etc.)	e or No— 14. RACE — American Indian, Black, White, etc.				
21215-0020 or attending physic	the	B	\$₩Idowed 4 Divorced	R OR DATES		1 [YES	2 X NO Sp	ecity:		. [Specify	White		
215-0 attending	use as	E	15. DECEDENT'S EDU (Specify only highest grade	16a. C	ECEDENT'S	USUAL OCC	UPATK	ON st of working		16b. KIND OF BU	SINESS/INC	USTRY			
- 69	Į,	LET.	Elementary/Secondary (0-12) 8 th	College (1-4 or 5+)					Assemb	101	CE	SI			
AND 2	detached once.	OMPLE	17. FATHER'S NAME (First, Middle, Last)		1	11600	.1.0111	<u> </u>	,		irst, Middle, Maiden				
- 0	2 2	EC	Orion Tripplet	t							a Love				
E 3		0 86	19a. INFORMANT'S NAME (Type/Print)							Number, City or Tox		Code)			
N.	2	ř	Sue McGary (Da	ughter)						l.,	Wheato	n, M	D 2	20902	
ORE	must b		20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 📉 Cremation 3 ☐ Rem	oval from State	20b. PLACI	E AND DATE (OF DISPOSIT	ION (Na	nme of		DATE 20c. LC	OCATION —			
N Sept	100		4 Donation 5 Other (Specify)	enset)	Metr	opol			remato			Lexa	ndri	la, VA	
ALT death.	the funeral di wal.		Earnek.		der	_	S	NO	WDEN F	'UNE	RAL HO		P.A.		
B after	d in by th or remove medical		23. PART I. Enter the diseases, or a shock, or heart failure.	omplications that	caused the d	leath. Do r							rest,	Approximate	
A hou	tion, or the me		IMMEDIATE CAUSE (Final	List only one caus			ardi	a 1/	Infár	at i	on -	1		Onset and Dear	
50, within 2			IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Myocardial Infarction 2										34 AXS		
68760, accuted within	ind complete burial, crema atic event,	_	Oronary Artery Disease								years				
	sician and crior to buris	CATION	Sequentially list conditions, if any, leading to immediate Diabetes Nellitz years										years		
BOX		S											years.		
o suffice	ling phy ygiene g	ERTIFI	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
P. P.	the attend Mental Hy Ijury, or	E	a de la company									-			
3DS	- Q -	CAL									WERE AUTOPSY FINDING				
CORD	signed by Health an		Periaheral Jasculas Vislase									COMPLETION OF CAUSE OF DEATH?			
141 3	been sign of. of Heal shows	ME	Maria Maria										1 TYES 2 NO		
3 -	has been Dept. of 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF DEATH	(Check on	th one)				
FIN	certificate has he the State Dept d, or Item 23	SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		e 5 🗆 Residen						
OF VITAL	this certi with the ked, or	РНҮ	27. MANNER OF DEATH	28s. DATE OF II (Month, Day	NJURY (Year)	28b. TIM		Bc. INJ	URY AT	-	DESCRIBE HOW	INJURY OC	CURED		
	After this death with	BY	1 Natural 5 Pending Investigation				М	1 🗆 1	YES 2 NO						
	4 60 W	0	3 Suicide 6 Could not be 4 Homicide determined	nome, farm, s	dreet, factor	y, offic	•		LOCATION (Street City or Town, State		or Rural Ro	ute Number,			
0 8	DIREC	9	290. CERTIFIER A CERTIFYING PHYSI	CIAN: To the best of a	ny kaomindan	footh consum	4 4 11 - 11 -		and alone and						
HOSPITAL	4 2 =	COMPLE	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of n R: On the basis of exa										and manner as stated.	
S HOS	MITAN HTAN	S	296. SHINATYPRE AND TITLE OF CERTIFIES					-	29c. LICENSE					(Month, Day, Year)	
70 THE	TO THE FUNER be filed within IMPORTANT:	0	147 12en	ack	mos				D5	57	7	1/1	127	192	
	= 1,77	٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type,				, 17					
			31. DATÉ FILED (Month, Day, Voer)	SK M	7, 41,	15	(6/10	9 .	UR.	WF	realo	71.	md	20906	
			DFC 03 92	320REGISTRAR	4dson-A	indell									



YEAR

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

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ARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Darrell E. Mackal Mackabee 1-12-1-92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 F MONTHS DAYS 23 573-33-0310 Maryland be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital DIRECTOR Silver Spring Montgomery 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington 1 S YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 903 O. Street N.W 20009 S.A. by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, Whita, etc. If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Grade Unemployed must be notified at once None 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Beverly M. Mackabee BE Johnathan Butler 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Apt #5 7216 Flower Ave, Takoma Park, Md 20912 Reverly M Robinson 20s. METHOD OF DISPOSITION
1 1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - City or Town, State OATE cemetery, crematory or other place) 4 Donation 5 Other (Specify) Harmony Memorial Park Landover. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral 24 hours after death. Snowden Funeral Home P.A. 20850 1 246 N. Washington St. Rockville medical 23. PART 1. Enter the elsesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Batween the attending physician and completely filled in Mental Hygiene prior to burial, cremation, or **IMMEDIATE CAUSE (Fine)** Cardino respiratory Onset and Death Arrester disease or condition event, the resulting in death) executed within Pneumonia other traumatic MEDICAL CERTIFICATION Sequentisity list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING AIDAIDS Pe certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 0 injury, o PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS has been signed by Dept. of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE requires that any 1 TYES 2 NO OF DEATH? 23 shows 1 TES 2 NO PHYSICIAN: Dept. The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) r this certificate ha or Item HOSPITAL: OTHER: 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 🗌 Nu g Nome 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27 MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED marked, 1 1 Netural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark death BY 2 Accident 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 🗹 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 7891 Q 17/1 192 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SIL SPG # 302 Ave ARATVANIHI m 6 10313 Gen m020902 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Aulia Davidson Rande St. DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

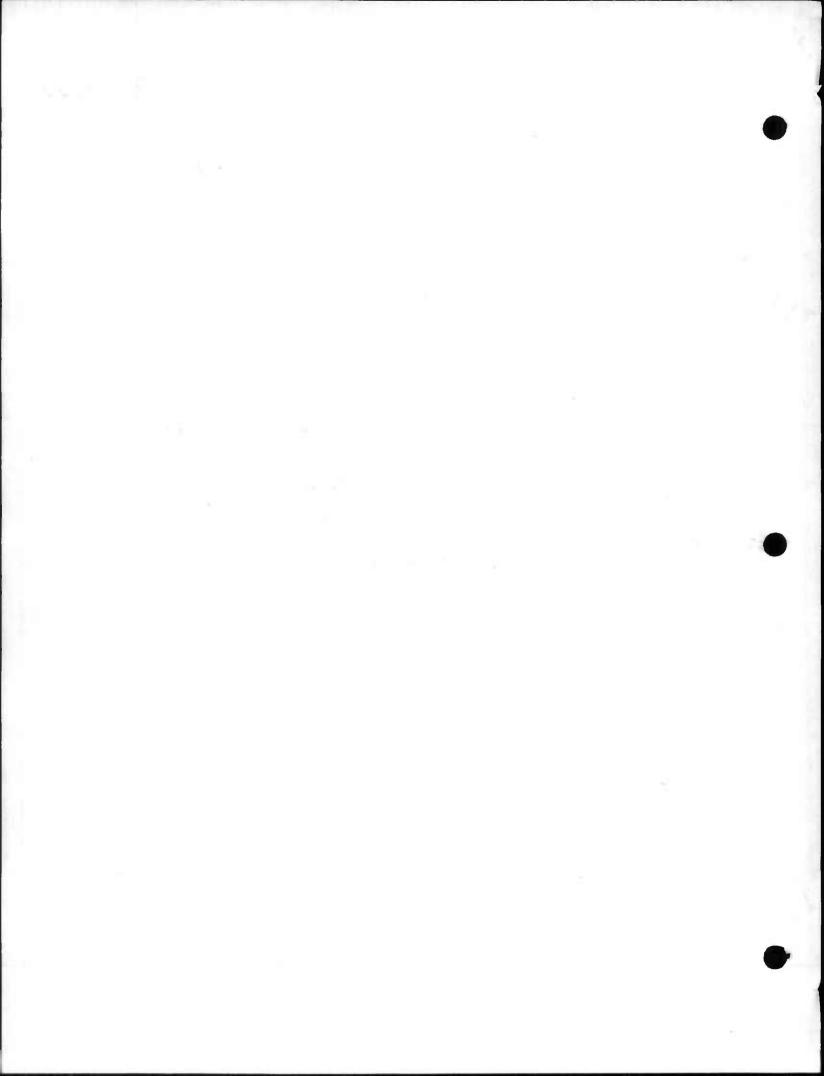
E. Mackabee

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	1 - STATE REGISTRAR	Ontile of Infant			OF DEATH	REG. N	O.	_ 00	000				
- 1	1. DECEDENT'S NAME (First, Middle, Last)		*			2. DATE OF DEATH	DAY	YEAR 3. TIM	E OF DEATH				
	Faith	Rayron	on	11 2			50 P M						
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday			7. DATE OF BIRTH (Month, Dev. Year)		8. BIFTHPLACE Country)	(State or Foreign				
	213-37-5077	1 🗆 M 2 🗗 F	YRS.	3 2	HOURS MIN.	AUG . 2	1992	MARYL	AND				
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH					
O B	Prince Geo General Hosp. Cheverly Prince (
5	RESIDENCE OF DECEDENT												
DIRECTOR		NCE GEORG	E'S	CAPITO	CATION L HEIGHT	S		47 U	ISIDE CITY MITS?				
	10e. STREET AND NUMBER		1		101, ZIP CODE		40- 00777	EN OF WHAT CO	ES 2 NO				
FUNERAL	621 DRUM AVE				20743		log. Citiz	USA	ONTRY				
	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ADMED	12 WM	DECENDENT OF HISPA	MC OBIOINS (Parally)	Va I	14. RACE — Ami	des total				
	Never Married 2 Married	FORCES? 1 1	rES 2 XNO	If ye	s, specify Cuben, Mexico	n, Puerto Rican, etc.)	48 OF 140-	Black, White,	etc.				
B	3 Widowed 4 Divorced	IF TES, GIVE WAY	M DAIES	''	YES 24 NO Speci	у.		Specify: B	LACK				
6	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT		PATION ng most of working	18b. KIND OF B	USINESS/INDL	ISTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT	use retired.)	ig most at working								
<u> </u>	N/A			N/A			N/A						
3	17. FATHER'S NAME (First, Middle, Last)				The Party of the P	ME (First, Middle, Maid							
מב	WAYNE I. F	LETCHER				ET MASO							
2	19a. INFORMANT'S NAME (Type/Print)	237			reet and Number or Rural				2				
	VERNET MAS			_	AVE. CAP		<u> </u>						
	20s. METHOD OF DISPOSITION 12 Burlai 2 Cremation 3 Ren	noval from State		DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State LANDOVER, MARYLAND									
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	OFNEEE A	HARMON						RILAND				
- 8	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2 /	22. NA	B. JENK	INS FUNI	ERAL I	HOME	_				
	Mawan	2 2.1	rakto	74	74 LANDOV	ER RD. 1	CANDO	VER, M	D20785				
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that cer	used the death. Do	not enter the	mode of dying, suc	ch as cardiac or res	piratory arre		pproximate				
- 1	IMMEDIATE CAUSE (Final	Liet Only One Couse C	on each inje.						Interval Between Onset and Death				
- 1	disease or condition resulting in death)	. SUDDEN	DUPAN	T OUDS	TH SYND!	Pous							
	Decilie - Maria - Carlo	DUE TO (OR	AS A CONSEQUENCE	OF):				1					
2	Sequentially list conditions,	b											
ا ڐ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE	OF):									
EHILLAI	CAUSE (Disease or Injury	C	AS A CONSEQUENCE	O D.									
	that initiated events resulting in death) LAST	50E 10 (0K	AS A CONSEQUENCE	OF).				i					
		d						+					
3	PART II. Other significant condition	ns contributing to dea	th but not resulting	in the unde	rlying cause given in		N AUTOPSY ORMED?		AUTOPSY FINDINGS BLE PRIOR TO				
₹						1 TYES			ETION OF CAUSE				
M								1	ES 2 NO				
ž													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			8. PLACE OF DEATH (C	neck only one)							
PHTSICIAN:	1 X YES 2 NO	1 ☐ Inpetient 2 □ ŒR/	Outpatient 3 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)							
	27. MANNER OF DEATH	28s. DATE OF INJU		ME OF 28	c. INJURY AT WORK?	28d, DESCRIBE HOV	INJURY OCC	URED					
5	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	IURY — At home, farm (Specify)	, street, factory,	office	26f. LOCATION (Street City or Town, Sta		or Rural Route Nu	mber,				
	4 Homicide determined			_									
COMPLEIED		ICIAN: To the best of my i	rnowledge, death occu	rred at the time	date and place, and du	to the cause(s) and m	anner as state	d.					
5	one) 2 MEDICAL EXAMIN	ER: On the besis of sxamin	nation and/or investiga	tion, in my opin	on, death occured at the	time, dete and place,	and due to the	cause(s) and m	anner as stated.				
N 1	2910 SUMATURE AND TITLE OF CERTIFIE	R / AA			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month,	Day, Year)				
u I		C V Z. FB .			0.0				GNED (Month, Day, Year)				
מ	Marite Una	your			() . (M H.	1 1	27 10	92				
מב	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Ty)	oe, Print)	0.C.	М.Е.	111	27 19	92				
מב		orell. MD	111 P	enn St			Mary						
IO BE (orell. MD		enn St	reet. Ba		Mary						



BALTIMORE, MARYLAND 21215-0020



BALTIMORE, MARYLAND 21215-0020

	ļ	- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last	STATE OF N	С	ERTIF	ICAT				2. DATE OF MONTH	REG. NO.		YEAR	TIME OF DEATH	_
		Harold 4. SOCIAL SECURITY NUMBER	5. SEX	MCM 6. AGE (In yrs. le	licha	IF UNDE	R 1 YEAR	IF UNDER		NOV .	BIRTH	1992		:00 P. I	M
		577-68-8889	1 M 2 □ F	42	YRS.	MONTHS	DAYS	HOURS	MIN.		3/50		vash.	,D.C.	_
E	OR	98. FACILITY NAME (If not institution, give 1818 Annapolis		1818A				Mea		EATH			e Aru	ındel	
	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	тү		10c. CIT	Y, TOWN	OR LOCAT	TON					100	d. INSIDE CITY	
F.			nne Arun	del	F	t.	Mea						YES 2 NO		
1. ansit pem	FUNERAL	1818 Annapol	is Rd.,	# 181	8A		101	207					J.S.A	T COUNTRY?	
21215-0020 al or attending physician. for use as the burlal-trar	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 MAR OR DATES	RMED NO	13.	If yes, sp		n, Mexica	NIC ORIGIN? an, Puerto Ric fy:		or No	I4. RACE — Black, Wi Specify:	American Indian, hite, atc. Black	
	IPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12th	DUCATION do completed) College (1-4 or 5+) Retired-M				ne during most of working d.)				U.S. Government U.S. Army			nt	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Harold M	McMichae	1						AME (First, Mice)					
be retained ge 5 should e notified	TO B	19a. INFORMANT'S NAME (Type/Print) Patricia A. Mo	cMichael	.1	96. MAILING Same		S (Street a	nd Number 10 a	or Rural	Route Number 7 C	r, City or Town	n, State, Zip (Code)		
IORE, e 6 may be vector, page must be		20e. METHOD OF DISPOSITION 1	moval from State	of cemetar	e ano oat ry, cremator, set N	y or other	place)		12/	DATE		cation - c	-	State n,S,C,	
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE		Prat			H .	S.Wa	ss of FA	ngto	n & :	Sons	.Inc.		
y filled in by tion, or remette		23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)		se on sach li					ing, aud	ch aa cardl	ac or reapi	retory arre	et,	Approximate Interval Betwee Onset and Deat	
P.O. BOX 687 in certificate be executed tending physician and con all Hygiene prior to burla, or other traumatic er	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	b	(OR AS A CONS (OR AS A CONS	EQUENCE C	OF):									
RECORDS requires that the den signed by the of Health and Mei shows any injur	: MEDICAL C	PART II. Other significant condition	ona contributing to	death but not	t reaulting	in the u	indariyin	g cause (given in	Part I.	24s. WAS AN PERFOR 1 YES 2		AM CC DF	BRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	S
VITAL F HAN: The law rifficate has be e State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF D	DEATH (C	heck only one)				_
O YH Signature	Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH \$\int_{\text{Natural}} 5 \text{Pending} investigation 1 meeting investigation	1 Inpatient 2 [28e. DATE Of (Month, L	INJURY	28b. TII	4 🗆 No	28c. IN	JURY AT DRK?		6 Other		INJURY OCC	URED		-
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is man	TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (of INJURY — At etc. (Specify)	home, farm,	street, fa	ctory, offi	De .		281. LOCA City of	TION (Street of Town, State)	end Number (or Rural Rout	e Number,	
DIN TAL OR AL DIRE 72 houn	COMPLET	(Original Origina Origina Origina Origina Origina Origina Origina Origina O	YSICIAN: To the best of e											nd menner as stated.	
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE C	296 SIGNATURE AND TITLE OF CERTIF	as						ENSE NU	JMBER 29C	(29d. DATE	-	lonth, Day, Year)	
	-	30. NAME AND ADDRESS OF PERSON Cheryl Ayles	worth M	.D. V	VRAMO		lash	., D).c.	. 20	307-	5001			
		DEC 0 2 1992	7	ar's signature on-Rande											